



OFFICE OF THE COUNTY MEDICAL OFFICER OF HEALTH,
14, TEMPLE STREET, BIRMINGHAM,
JUNE 13TH, 1901.

TO THE SANITARY COMMITTEE
OF
THE WARWICKSHIRE COUNTY COUNCIL.

MR. CHAIRMAN, MY LORDS, AND GENTLEMEN,

1 I have the honour to hand you herewith my second annual report as County Medical Officer of Health, though it is the twelfth report I have made to your Council on the health of the County, giving summaries of the reports of the District Medical Officers of Health.

2 I propose to adopt the same form as in the previous years, viz., a summary of each Medical Officer of Health's report, followed by a consideration of statistics and other matters affecting the County as a whole. In the statistics the birth, death, and Zymotic death rates are calculated per 1,000 persons estimated to be living, while the infant mortality is reckoned on children who die under 1 year of age per 1,000 registered births.

URBAN DISTRICTS.

ASTON MANOR.

3 Mr. F. H. MAY reports that the past year has been, speaking generally, quite as favourable to health as the two previous ones. Scarlet Fever has been widely prevalent, though not very fatal in its effect. Typhoid Fever has continued its hold on the district, also epidemic infantile Diarrhœa, although the high mortality of last year has not been maintained. Diphtheria has been present at times with considerable mortality, and has called for special attention.

4 The general death-rate remains low, and the birth-rate continues fairly high. The Zymotic death-rate, although high, shows a reduction on last year, and the infantile death-rate shows some decrease on the average of the previous five years.

5 Mr. MAY reports also that he issued a circular letter to the medical practitioners in the district, informing them that it was necessary, by order of the Local Government Board, to notify any case of Plague that might come under their notice. Mr. MAY calls attention to the fact that, owing to carelessness on the part of parents in allowing children suffering from Scarlet Fever to be exposed while in an infectious state, proceedings were taken and the parent fined.

6 Mr. MAY reports that Measles has been the cause of 32 deaths during the year, and says, "Although Measles is not compulsorily notifiable in this district, the Aston School Board have continued to supply me weekly with written notifications of all the cases which come to the knowledge of their attendance officers, and they also supply me with reports of the subsequent visits in these cases. During the illness other children in the house are excluded from school, and neither they nor the

sufferer are allowed to resume attendance until a certificate of freedom from infection has been signed by the medical attendant or myself. This system of excluding children from infected houses, as carried out in Aston Manor during the past 12 months, has no doubt tended to minimise the number of cases. The disease has not been so evidently confined to any one department this year as to cause me to ask for its closure."

7 Referring to Diphtheria, Mr. MAY says:—"There have been 86 cases of Diphtheria and Membranous Croup notified during the past year, with 14 deaths registered in the district, as compared with 78 cases and 19 deaths during the previous year. Twelve of these deaths occurred in children under 5 years, and the other two under 15." Referring to the introduction of bacteriological examination, Mr. MAY records that 18 specimens from the throats of persons suspected to be suffering from Diphtheria were submitted for examination to the bacteriological laboratory at the University, and of these 7 proved positive, and 11 negative.

8 Scarlet Fever prevailed extensively during the year, and became epidemic during the latter half. Altogether 406 cases were notified, but only 7 of these proved fatal. Sixty-two per cent. of these cases were isolated in hospital, a larger percentage than have ever been removed in any previous year. Mr. MAY says in reference to this, "Only in a few instances, when the first case has been removed to hospital, has the outbreak extended to another member of the household."

9 Mr. MAY calls attention to the fact that 12 cases of Puerperal Fever were notified during the past year, 7 of which proved fatal. Mr. MAY says, "This is to be regretted, as last year no case was notified nor death registered. I have given attention in each case reported to me, and have written to, or interviewed, several midwives, warning them to refrain from attending other confinements, and caused their clothing to be disinfected. In one instance where three cases occurred in one practice, the midwife left the district for a period."

10 The deaths from epidemic Diarrhœa numbered 168, and of these 157 occurred among children under 5 years old. This gives an annual death-rate per 1,000 from Diarrhœal diseases of 2·08, which is lower than in 1897 and 1899, and practically identical with 1898. Referring to this terrible scourge, Mr. MAY says:—"In my last annual report I stated briefly what I considered to be the cause of the prevalence of infantile Diarrhœa, viz., prolonged high temperature, which is favourable to the propagation of the specific organisms latent in the soil round dwelling houses, and I might add that the frequent and systematic removal of house refuse from ash-pits and middens cannot be too zealously carried out during the summer months. The keeping of poultry, pigeons, rabbits, etc., in small crowded back yards is to be strongly deprecated, and the abolition of privies and middens, as far as practicable, would, in my opinion, greatly militate against this terrible scourge. I referred in my annual report to the necessity of paving areas round dwelling houses, and I am pleased to say the building bye-laws for the district require the paving of an area of 150 square feet at the rear of all new houses."

11 I desire to call special attention to this last paragraph, as it expresses what may now be acknowledged as the general views of sanitarians in reference to the prevention of Diarrhœal disease. Mr. MAY also records that the Health Committee, on his recommendation, caused 5,000 copies of a notice to be posted in various parts of the Manor, giving directions for the prevention of Diarrhœa.

12 Mr. MAY this year devotes considerable attention to the question of the incidence of Typhoid Fever on the Manor. He says: "During the past year, although Typhoid Fever has continued its hold upon the district, there has been a marked diminution in the total number of cases. There were in all 145 cases notified, and 25 deaths registered in the district, as compared with 185 cases and 32 deaths during 1899. These 145 cases occurred in 133 houses, of which 53 had water closets and 80 had privies and middens attached to them. In five instances 2 cases in one house occurred, in one instance there were 3 cases in a house, and in one house 4 cases were notified."

13 "Inquiries were instituted in every case and visits made, either by myself or one of the Inspectors, and in several instances the illness appeared to have been contracted from a previous case, thus denoting personal or local infection."

14 Mr. MAY further says "some of the insanitary conditions mentioned under the heading of Diarrhoeal diseases might with justice be assigned as predisposing causes of Typhoid Fever, otherwise I have been unable to find any common factor of infection to account for this continued prevalence. The milk supply had to be again disregarded as being varied in almost every case, and in no instance was well water used. I have advised wherever, practicable, that where the infected houses have not W.C.'s, the privy and midden should be converted into one with dry ash-pit."

15 Mr. MAY also states that a handbill was left at every house in which a case of Typhoid Fever was notified, instructing the people what to do, and offering disinfection free of cost.

16 During the year a new steam disinfector was nearly completed. I have in many of my last reports urged the importance of this step. It is gratifying to see that a larger number of articles were submitted to disinfection than in the two previous years.

17 Referring to the sanitary state of the district, Mr. MAY says "as in previous years considerable progress has been made as regards the sanitary condition of the district, in which the substitution of water-closets with dry ashpits for privies and middens is an important factor." Mr. MAY reports that 316 water-closets have been put in during the year in place of privies and middens, which number is considerably in excess of that of any of the preceding ten years.

18 Mr. MAY further says, "Considering the rapid growth of sanitary improvements generally, the present system in Aston Manor of obtaining the conversion of privies and middens into water closets under the Nuisances Clauses of the Public Health Act is a slow process, and far from satisfactory. Last year the West Bromwich County Borough obtained a local Act conferring on the Corporation powers to amend and extend the provisions of the local Act for the improvement and good government of the Borough, including powers to effect these conversions more readily. Other towns besides West Bromwich have obtained Provisional Orders giving their Authorities similar powers."

19 Mr. MAY also reports that a systematic house-to-house visitation of certain streets in the Manor has been made by the Inspector. New bye-laws in respect of footways and pavements, nuisances, common lodging houses, new streets and buildings, slaughter-houses, hackney carriages, and offensive trades came into force at the beginning of the year.

20 In conclusion Mr. MAY refers to Isolation Hospital provision, and reports that plans have been passed for the erection of a Small-pox hospital, laundry, and disinfector. As regards inspection of slaughter-houses and other buildings over which the Sanitary Authority has control, the work appears to have been well done, and the year generally to have been a busy one.

21

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
80,497	31·3	15·9	3·4	167

BULKINGTON.

22 Mr. PEACOCK reports a birth-rate of 37·7 per 1000, as against 46·1 in the previous year, and a death-rate of 22·5, as against 19·8 in 1899. Seven cases of infectious disease were notified, all of them being Scarlet Fever, and of these one was removed to the isolation hospital at Nuneaton. He further reports that the Council have arranged with the Nuneaton and Chilvers Coton District Council to receive cases into their isolation hospital at the rate of two guineas per week per case.

23

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
1,244	37·7	22·5	0·78	148

ERDINGTON.

24 Dr. BOSTOCK HILL reports very satisfactory rates in this district. He says, "This shows all the rates to be satisfactory. The death-rate is below the average of the last 10 years, and for the third successive year is below 12 per 1,000. The Zymotic death-rate is lower than that of the last three

years, and, indeed, is also below the average of the 10 years." He also reports the Infantile Mortality as being quite satisfactory, and considerably below that of the surrounding districts. With the exception of Diarrhœa, not a single Zymotic disease caused much mortality.

25 Referring to Typhoid Fever, he says, "Twenty deaths have been registered, and 82 cases notified, but the great majority were reported from the Workhouse, to which Institution they had been removed from parts of Birmingham and Aston, where the disease was more or less prevalent during the autumn. In the district proper 2 deaths were registered, and 10 cases notified. One of the fatal cases and one other occurred in Lower Gravelly Lane, and I found here that the drainage was defective. There had undoubtedly been some short time antecedent to the outbreak a stoppage of the drain and an overflow of sewage near the houses, and measures were taken subsequently by the Surveyor to rectify certain structural defects to prevent a recurrence of the stoppage. One case occurred at a milksellers, and arrangements were made by which the milk business was removed from all connection with the premises."

26 Referring to isolation, he says, "There are one or two points to which I think it necessary to call your attention. You will observe that a very large number of cases of Typhoid Fever were removed from Birmingham and Aston during the year to the Workhouse Infirmary. In more than one instance in this year, as well as in the previous one, infection has been conveyed from patients so suffering to others in that Institution. It used to be considered that Typhoid Fever could be properly treated in the wards of a hospital, but our knowledge of its infectiousness is very much altered of late years, and I consider it a most improper proceeding for such patients to be brought from outside the district into the Workhouse for treatment. The matter arises because neither our own district, nor any of the surrounding ones, have as yet provided hospital accommodation for the treatment of Typhoid. In our own case we have an agreement with the Aston Manor District Council that on payment of an annual sum, and also a charge for each patient, all cases of Scarlet Fever and Small-pox shall be isolated, if required, and I must strongly urge upon you the necessity of endeavouring to come to some agreement with them, or otherwise, and of providing accommodation, not only for Typhoid Fever, but for Diphtheria as well." I may remark that since the above was written, the Corporation of the City of Birmingham have opened a hospital at Little Bromwich for the reception of cases of Typhoid Fever, so that as far as Birmingham is concerned, there should be less importation of Typhoid Fever cases into the Workhouse at Erdington.

27 Dr. BOSTOCK HILL reports that in the case of a blood-drying and artificial manure factory, proceedings were taken by the Council in the summer for nuisance, and that a fine of £5 and costs was inflicted.

28 Referring to Public Scavenging, Dr. BOSTOCK HILL says, "I must say a word or two in connection with the subject of Public Scavenging. Although this has only been established for a comparatively short time, I look upon it as the greatest sanitary advance of late years, and in connection with this I am pleased to see that the abolition of privies and middens is taking place at so rapid a rate. I am convinced that nothing is so necessary connected with sanitary work at the present time as the removal of all forms of fœcal pollution of the soil. That it is the chief source, in such districts as ours, of Typhoid Fever and Diarrhœa I am quite sure, and I look forward now confidently in the near future to see all such sanitary abominations as middens permanently abolished."

29

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
17,000	27·0	10·88	1·29	109

KENILWORTH.

30 Dr. WILSON reports that the general death-rate is somewhat above the average, and that both the death-rate from Zymotic disease and the rate of infant mortality are very much above the very low averages of recent years. He says, "The increase in the general death-rate is due to the more than average number of deaths belonging to the district which occurred in the Union Workhouse, at Warwick, to the mortality amongst old people from Influenza, and to the deaths among infants and young children from Whooping Cough, while the high rate of infant mortality is due to the deaths from

Whooping Cough among infants, and also to the very exceptional number of deaths, amounting to 7 altogether, which were registered as due to premature births. But though the various death rates were higher than the low averages of recent years, there was no special prevalence of infectious disease of any kind, apart from Whooping Cough and Influenza, and in other respects the general health continued to be satisfactory."

31 Referring to the prevalence of Whooping Cough, he says, "Of the 7 deaths attributed to it, 5 occurred among infants under 1 year of age, and the other two occurred among children over 1 and under 5. The disease, which was also prevalent in the neighbouring districts, broke out in the summer, and in spite of the partial closure of the schools just before the summer holidays, it continued during the holidays, and partial closure had to be resorted to after the holidays were over."

32 There were no deaths attributed to either Measles or Scarlet Fever, and 9 cases only of the latter disease were notified. Four cases of Typhoid Fever were notified, and in all four instances there was reason to believe that the disease was imported. A satisfactory feature in the returns is that no deaths were registered as due to Diarrhœa.

33 The Surveyor reports that the sewers have been kept regularly and well flushed; public scavenging, which was not so well maintained at one period of the year as it should have been, is now being overtaken by putting on an extra horse and cart.

34

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
4,710	22·5	16·7	1·69	179

NUNEATON.

35 Mr. PEACOCK reports a birth-rate slightly higher than in the previous year, and that the Zymotic rate and the rate of infantile mortality are also slightly higher than in 1899. No case of Small-pox was reported, Scarlet Fever was not particularly prevalent, while Diphtheria was even less so, and no fatality occurred from it, and very few cases were notified. Measles, however, caused 22 deaths, as against none in 1899, while Whooping Cough caused 4 deaths in the Nuneaton Ward, although there was no mortality from it in 1898 or 1899. Diarrhœa, too, was almost as prevalent as in the preceding year, 25 deaths being registered from it in Nuneaton Ward, and 2 in Coton Ward.

36 Referring to Typhoid Fever, Mr. PEACOCK reports a considerable diminution compared with the previous year, and says "that in Nuneaton parish, out of 11 cases reported, 7 were traced to polluted water." Mr. PEACOCK says: "The insanitary surroundings used to consist principally of the large old-fashioned ashpits and privies; the usual and indiscriminate custom of emptying slops of all descriptions into the same caused them to be offensive at all times. This adds to the difficulty of thoroughly removing the contents of the same, as, while the night-soil men remove the solid matter, a certain amount of liquid must remain, and so act prejudicially to the public health. To remedy this, I would strongly recommend the abolition of these privies, ashpits, etc., and the substitution of water-closets. The Sanitary Inspector informs me that during the year 1900, 113 ashpit privies, including 11 pail closets, have been converted into water-closets and dry ash places."

37 Referring to the isolation of patients, Mr. PEACOCK objects to the removal of Diphtheria and Typhoid Fever patients into the Cottage Hospital, with which I quite agree; and he urges that the present administrative buildings and Scarlet Fever Hospital are not large enough, besides which they are not of a sufficiently substantial character. He says: "Upon a recent inspection of the Small-pox Hospital I found it structurally unfit, and dangerous to admit any patients suffering from infectious disease, owing to its flimsy construction. It is not water-tight, and would ill withstand a storm of more than average character and duration. It could be used as a convalescent ward, but only then during the summer months. There is no provision for the treatment of Typhoid Fever or Diphtheria, and persons suffering from the latter are, I believe, no longer admitted into the Cottage Hospital. This subject has already received the attention of the Sanitary Committee, but the importance of providing proper and sufficient isolation must, and, I trust, will, seriously engage your attention at an early date. What was sufficient in 1893 is thoroughly inadequate for 1901 and the succeeding years."

38 Mr. PEACOCK pleads very forcibly for the importance of Vaccination, and shows how great its effect has been in reducing the mortality and sickness from Small-pox. He also reports that he sent letters to all the medical men in the town, requesting them to report any cases of Arsenical Poisoning due to arsenical beer, and that 5 non-fatal cases were recorded. He also deals with the alleged nuisance from the Nuneaton Wool Company's Works, on which, however, I have previously reported to you.

39

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
23,086	35·1	18·58	2·4	176

LEAMINGTON.

40 Dr. BROWNE reports a death-rate fractionally lower than in the previous year. Fifteen cases of Diphtheria were reported, of which 5 were introduced from a distance, 6 were due to insanitary premises, and 4 were not traced. Three deaths resulted. Twelve cases of Typhoid Fever, compared with 7 last year, were recorded, of which 5 were imported from outside the Borough. Whooping Cough was prevalent in the third quarter, and 4 deaths resulted. Measles was prevalent at the same time, though no deaths were registered. The Lillington National Schools were closed for six weeks.

41 Referring to general sanitary work, Dr. BROWNE says, "The work of the Health Department has proceeded steadily and satisfactorily during the year, and a great many improvements, both public and private have been carried out. One hundred and ninety-five drain tests were made, and 182 drains relaid to a sanitary condition. Four hundred and twenty-three house-to-house inspections were made, 886 slaughter-house inspections, 317 cow-shed and dairy inspections, and 201 inspections of workshops. Stoneware pipe sewers have been substituted for defective brick culverts by the Surveyor's staff in Regent Place, Portland Place, and Kenilworth Street. The disinfecting apparatus has been freely and successfully used, both publicly and privately. Much work was done under the Food and Drugs Act, particularly in relation to the possible contamination of beer with arsenic. In only one instance arsenic was found, viz., that of a beer supplied by a brewery from a distance, and as a result, this beer—over 600 gallons—was destroyed under the personal supervision of the Inspector. The water supply of the Borough has been increased by the water from the new well at Lillington being laid into the mains. The average daily supply was 20·8 gallons per head. The report concludes with a description of the new arrangements at the Pump Room Bathing Establishment, and with a record of the meteorological readings of the year.

42

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
27,700	18·1	15·8	0·3	131

RUGBY.

43 Dr. WILSON reports that among the causes of death in this district, 9 were attributed to Diphtheria, 1 to Typhoid Fever, 6 to Whooping Cough, 11 to Diarrhoea, and 1 to Puerperal Fever, giving a zymotic death-rate of 1·61 per 1,000 of the population. He says that "the birth-rate is considerably below the average of previous years; the general death-rate, though much below the average of the earlier years, is slightly above the average of the past few years; while the death-rate from zymotic disease and the rate of infant mortality are also much below the average of the earlier years, but are considerably above the average of the later years, though neither of them can be designated excessive rates, and both are below those of the country generally."

44 He says: "The unsatisfactory feature in the returns is the number of deaths from Diphtheria, which amounted to 9, whereas during the past ten years the total number only amounted to 12, and these consisted of scattered cases, not exceeding 3 in any single year. As many as 7 of these deaths occurred among children under five years of age, and the other 2 among children over five and under fifteen. Altogether, 38 cases of the disease were notified during the year, but at no time was there any serious outbreak threatened, except just before the summer holidays, when several cases were notified among the children attending St. Andrew's Schools, and certain defects connected with the closets

were discovered, which were at once remedied. Dropping cases of the disease occurred throughout the whole of the year, with the exception of May and September, and the cases cropped up in different parts of the town, but mostly on the Clifton side. With the exception of three households, in one of which 5 cases occurred, 4 of them being notified on the same date, and the other in which two cases each occurred, all the other cases occurred in different households, in different streets, and at different periods of the year, so that in the great majority there was not only no spread of the disease in a house on a case being notified, but no spread from house to house. Although, in some few instances, slight sanitary defects were discovered in the houses where cases occurred, there was every reason to believe that as regards almost all the cases the disease was spread through attendance at school, and none of them could be traced to either milk or water supply. While the question of school accommodation is one which comes more closely under the supervision of the Education Department, I cannot help thinking that the school accommodation, even admitting that of late years it has been considerably extended, has not quite kept pace with the rapid increase of population. I understand, however, that further school extension is under consideration."

45 Although there were so many deaths from Diphtheria, yet many of the cases notified were of a very mild type, and it is through mild unsuspected cases that the disease spreads through school agency. Children sitting closely packed together inhale each other's breaths, and there is the further risk by the free interchange of pencils, and among very young children also of sweets. Every precaution was taken to prevent the spread of the disease by taking all possible precautionary measures, and the fact that, as already stated, there was no spread of the disease from house to house, and rarely in no single household, is evidence that the measures were attended with success.

46 There were no deaths from either Measles or Scarlet Fever reported, and only 8 cases of the latter disease were notified. Seven cases of Typhoid Fever were notified, one of which proved fatal.

47 Referring to isolation hospital accommodation, Dr. WILSON says, "The time has come, however, when the provision of hospital accommodation, which has been so often under consideration, should no longer be delayed, and I trust that, in conjunction with the Rugby and Crick Rural Councils, it will now be taken up in earnest."

48 Dr. WILSON also reports that the water supply has been improved by the erection of new filter beds, and that among other questions which are receiving close attention is the disposal and purification of the ever-increasing volume of sewage. The erection of additional public slaughter-houses has been approved. The question of revision of bye-laws, however, Dr. WILSON says, is still under consideration.

49

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
16,750	22·5	13·8	1·61	121

STRATFORD-ON-AVON.

50 Dr. THOMSON reports a very low Zymotic death-rate for this Borough, viz., 0·3 per 1,000. Scarlet Fever was notified in nearly every month of the year. One case was discovered of a patient suffering from the disease in a caravan which had been in the town since the "Mop," in October. In every case the patient was sent to hospital, and all the premises, including the caravan, disinfected. The type of disease, Dr. Thomson says, was very mild, and frequently only recognised with difficulty. Only three cases of Typhoid Fever were notified in the Borough, and there appears to have been considerable doubt as to the source of the infection. No schools were closed on account of epidemic disease. The water supply has remained throughout the year satisfactory.

51 Referring to scavenging, Dr. THOMSON says, "I have during the past year reported adversely on the filling in of the Bancroft Pond with the general refuse of the town."

52 Dr. THOMSON suggests that the Council should adopt the new regulations referring to Dairies, Cowsheds, and Milk Shops, and says, "The general interest taken in Bovine Tuberculosis as a source of danger to human beings suggests, as one of the first steps to take, the improvement of the housing of milch cows, as it is well-known that insufficient cubic space and want of sunlight with dampness are the most potent factors in the production of Tuberculosis in man and beast. The Stratford Hospital

Authorities have decided to give the preference in contracting for a milk supply to a dealer who can produce a certificate that his cows are free from Tuberculosis, the certificate to be based on the result of tuberculin inoculation. I understand that results so obtained are not infallible, but such a certificate is valuable, and if combined with a certificate to the effect that the housing and cleanliness of the cattle were of a high standard would be still more so."

53 Referring to working-class dwellings, Dr. THOMSON says ; " During the year some of the most dilapidated property in the town has been improved. It would be much of an improvement if Russell Court, Ely Street, was opened up to the street, and lighted. After dark it is not satisfactory. Mason's Court, Rother Sfreet, would be much improved by paving."

54

VITAL STATISTICS.				
Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
8,570	20·0	16·3	0·3	131

SUTTON COLDFIELD.

55 Dr. BOSTOCK HILL reports a birth-rate slightly lower than last year, and a death-rate considerably lower, while the zymotic rate and the rate of infant mortality are also perfectly satisfactory.

56 Referring to zymotic disease, he says : " Only 11 deaths have been registered from the seven principal zymotic diseases, viz., Whooping Cough 5, Measles 1, Diphtheria 1, Membranous Croup 1, Diarrhoea 3. This is a very satisfactory record, as it makes the fourth year which has been remarkably free from zymotic disease mortality." Scarlet Fever was very slightly prevalent, only 28 cases being notified, and of these no less than 8 occurred in the Princess Alice Orphanage, among inmates to whom the infection was carried by a visitor. Whooping Cough appears to have been somewhat prevalent, as 5 deaths were registered from it altogether. Dr. BOSTOCK HILL says : " As I have before remarked, this is almost entirely a fatal disease of infants, and one, though it raises the rate of zymotic mortality, over which sanitary authorities have little control."

57 Ten cases of Diphtheria were recorded, nearly all of them being in one house on the confines of the borough ; the main point observable in the state of the premises and surroundings being that owing to the house being very low-lying it is particularly damp. The most satisfactory feature of the report, however, is the fact that, in this comparatively large population of 14,500 people, no case of Typhoid Fever arising within the borough was notified.

58 Referring to this, Dr. BOSTOCK HILL says : " I have before pointed out, but perhaps it is worthy of repetition, that Typhoid Fever is the best single index of the sanitary condition of the district. No other disease is so associated with insanitary conditions as Typhoid, and therefore the fact that for two years in succession no case has arisen within our own boundaries is a proof of the excellent condition of the borough."

59 The report shows that much good work has been done in the way of inspection of slaughter-houses, bakehouses, etc., and that new sewers have been completed in parts of the Borough where they were required ; while arrangements have been made with the Erdington District Council for the drainage of the Chester Road district, which had become an urgent matter.

60

VITAL STATISTICS.				
Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
14,517	22·18	11·59	·75	93

WARWICK.

61 Dr. WILSON reports that the general death-rate is slightly above the low rate of the previous year, but below the average of recent years ; and that while the Zymotic death-rate is slightly above the average of recent years, this was entirely due to the more than average number of deaths from infantile Diarrhoea which occurred during the warm months of the summer and early autumn, and not to any special prevalence of Fever or infectious disease. Dr. WILSON says, " These deaths from infantile Diarrhoea, though no doubt in some measure attributable to want of cleanliness of premises, are also

largely due to errors in feeding, and neglect in respect of keeping feeding bottles always fresh and clean. Notwithstanding these deaths, it is very gratifying to be able to report such a low rate of infant mortality, which is very much below the average of previous years. Taken altogether, therefore, the vital statistics show that the general health of the Borough continued to be on the whole satisfactory during the year."

62 Three deaths were attributed to Diphtheria. One of these occurred in West Street, in premises adjoining the skin yard, and was found to be associated with a polluted well and overflow from the soft water cistern, which was not properly intercepted from the house drains. The defect was remedied, and the town water laid on. Another fatal case in Woodhouse Street was found to be associated with a defective closet pan. Only one death was caused by Typhoid Fever, and in this case the precise cause of the illness could not be ascertained. There were no deaths from Scarlet Fever, and 20 cases only were notified, most of them of a mild type. Of the 20 cases 17 were removed to the hospital, which is indeed a very satisfactory record. Diarrhoea was responsible for 9 deaths, 7 of which occurred in infants.

63 As regards questions of general sanitation, the Surveyor reports that the sewers have been kept regularly flushed. Referring to public Scavenging, Dr. WILSON says, "I regret to say it has not been so well maintained in various parts as it should be, and this raises the question of obtaining tips nearer the east and Saltisford ends of the Borough. The approval of the Local Government Board of the Pigwell scheme will, it is to be hoped, soon lead to the erection of new houses in that neighbourhood, and make room for people who are but very poorly housed in other parts, notwithstanding constant patching up of their old dwellings. From the report of the Inspector of Nuisances, which is annexed, it appears that a large amount of work was accomplished during the year.

64

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
12,210	24·4	15·3	1·31	97

RURAL DISTRICTS.

ALCESTER.

65 Mr. B. S. BROWNE reports a death-rate slightly in excess of the average for the last ten years, while the rate of infant mortality is also above the average of the last ten years. The number of infectious cases notified was 88, compared with 143 in the previous year, and of these Diphtheria was responsible for no less than 47. Twenty-nine cases of Scarlet Fever were notified, and it is interesting to record that all of them were removed for treatment to the Sanatorium.

66 Referring to the prevalence of Diphtheria, Mr. BROWNE says: "Thirty-one of these cases have occurred in Alcester, the remaining 16 in nine other localities. They cannot directly be traced to each other, and have occurred at intervals during the year, from two to six being notified during each month. Most of the affected persons have been children of school age, and as the majority of cases have been of a mild type it is possible that some children with a mild attack of the disease have been attending school, and so have helped to spread the disease."

67 Measles was reported as prevalent during the latter part of the year generally throughout the district, and was responsible for 6 deaths, and, in consequence, some of the schools were closed. Systematic inspection has been made during the year by the Sanitary Inspector.

68 Referring to the Infectious Hospital, which is, in fact, the Hertford Memorial Sanatorium, Mr. BROWNE records that a suitable bath-room attached to the Scarlet Fever part has been built during the year. You may remember that in reporting on this some few years ago I advised that this should be done, and I am glad to see that it has now been carried out. Further referring to this subject, Mr. BROWNE says: "The accommodation for nurses and servants at the Sanatorium is insufficient, as I mentioned in my report last year. The nursing is now done entirely by trained nurses, the ward maids acting in their proper capacity, and not sleeping in the wards. To enable this to be done, one of the few wards available for treating diseases other than Scarlet Fever has been used as a bedroom, and, in

the event of all the wards being in use, extra rooms would have to be provided somewhere, as it is advisable to keep all the staff on the premises rather than outside, and I hope your Joint Hospital Committee will see the necessity of providing better accommodation in the near future."

69 Mr. BROWNE complains of the character of the water supply, and says, "The Alcester Water Company have, I hope, been convinced that the District Council is not satisfied with the intermittent supply of water that has in the past been supplied to the town, especially in the summer, and that if the Water Company cannot provide a constant supply, the District Council will take the water supply into their own hands." Referring to sewerage arrangements, Mr. BROWNE calls for a better system of flushing water closets than the general system of hand flushing, but this is dependent on an improvement of the water supply. He suggests also a general adoption of scavenging throughout the district.

70 Referring to Bye-laws, he states that the completion of the code which has been under consideration so long has been resolved upon. Speaking of house accommodation, Mr. Browne says, "Five cases of overcrowding have been enquired into by your Inspector, and remedied for the time, but owing to the number of cottages with only two bedrooms, overcrowding will continue till a large number of these are done away with, and better ones built. I brought to your notice the condition of a group of cottages in Studley, which I advised should be closed under the Act, but you decided to adjourn the matter for six months, owing to the illness of the owner.

71

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
11,600	22·5	16·03	1·29	126

ATHERSTONE.

72 Mr. MEARS reports a death-rate of 18·9, which, with the exception of 1891, is the highest death-rate since he has been Medical Officer of Health. With the exception of Typhoid Fever, notifiable infectious disease has not been very prevalent, 148 cases of Typhoid being recorded, of which 7 proved fatal. There has been a great increase in infant mortality, the figure for this year being 156, compared with 109; but it must not be forgotten that in the year 1898 it was as high as 198. Mr. MEARS says, "In seeking for an explanation for the increased mortality, the chief cause seems to be a large addition to the deaths from diseases of the respiratory organs during the first three months of the year. Eleven deaths were also due to Measles, 6 occurring in Atherstone, 2 in Polesworth, 2 in Baddesley, and 1 in Hartshill. In consequence of the prevalence of Measles the Atherstone, Polesworth, Baddesley, Grendon, Mancetter, and Bentley schools have been, on my recommendation, closed for varying periods during the year."

73 Mr. MEARS gives in full a special report on the Typhoid Fever cases, which he made to the Local Government Board and the County Council, and which I have previously brought to your notice. A very important recommendation of Mr. MEARS' in connection with this is that an ambulance ought to be provided for the removal of cases to the infectious hospital.

74 Referring to the condition of the town, Mr. MEARS says that last year he observed, "I think the Council should forbid the keeping of pigs in the yards, and I am sure that in nearly every case they are injurious to health. I should be very glad, too, if it could be found practicable to establish a public slaughter-house, which would undoubtedly be an improvement in a sanitary sense. I can only reiterate these opinions, and must point out that in September last Dr. HERRING, the Deputy Medical Officer of Health, strongly condemned a certain slaughter-house and pig-styes, but nothing has been done in the matter. The scavenging seems to be working fairly well. The water is still intermittent in supply, being turned on from 7 a.m. to 10 p.m."

75 Mr. MEARS calls attention to the sanitary deficiencies in Polesworth and Warton, to which I have already called your notice in my quarterly reports. He records that the consent of the Local Government Board has been given to a scheme for supplying Atherstone, Baddesley, Baxterley, Bentley, and Merevale with an improved supply of water.

76

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births
15,100	36·02	18·9	1·9	156

BRAILES.

77 Dr. FINDLAY reports a death-rate little above the average death-rate of the district during the five previous years, though slightly higher than in 1899. The zymotic death-rate was quite satisfactory, only 6 deaths being recorded from zymotic diseases, including Diarrhœa, and three of these were due to Whooping Cough. The infant mortality was somewhat high, considerably above the average of the five previous years, and this appears to be chiefly due to excessive mortality in the Halford sub-district, where the rate was 195.

78 Scarlet Fever caused a slight outbreak in August at Tysoe, but the infection, Dr. FINDLAY says, was most probably brought by a visitor from Birmingham. One case of Typhoid Fever and one of Diphtheria only were notified. In order to prevent the spread of Mumps, the schools at Cherrington and Sutton were closed for three weeks in March with good result, while the schools at Tysoe and at Whatcote were also closed in order to prevent the further spread of Measles. Dr. FINDLAY reports that he has been making systematic inspections of portions of the district, with very good results. As regards the Isolation Hospital, Dr. FINDLAY says: "This, the erection of a Joint Hospital for this district and the Shipston-on-Stour district, is now being proceeded with, and it is hoped will be ready for use, if required, by April. The hospital is situated near Shipston, and, although outside this district, is well placed for the convenience of the whole neighbourhood."

79 The subject of bye-laws has been considered by the Council, and it was decided that, owing to the rural nature of the district, bye-laws are not necessary. The water supply in some places appears to be unsatisfactory. The fountain at Upper Brailes again failed in the summer, and nothing has as yet been done in the matter, owing to the great difficulty in finding any other supply. In Halford the supply is unsatisfactory, and Dr. FINDLAY suggests that a new well be sunk in the upper part of the village. At Whatcote, which has previously been reported upon as having an unsatisfactory supply, nothing has been done, owing to the difficulty of finding a fresh supply. Whichford is now well supplied, but at Ascot, a hamlet in this parish, there has been considerable difficulty in getting good water for several of the houses. At Stourton the public supply for the upper part of this village is from an open well near the side of the road. Dr. FINDLAY says: "There is plenty of good water, but I think a pump should be put in, and a cover put over the well, in order to prevent possible contamination of the water." In this I agree with him, and hope that the matter will receive early attention. In Cherrington, Long Compton, and Little Compton, the supply appears to be satisfactory, but at Stretton-on-Fosse it is reported as unsatisfactory, owing to several wells being liable to pollution. New sewers have been completed in Upper Brailes, Burmington, Halford, Tysoe and Butlers Marston, and Stretton-on-Fosse.

80

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate,	Infant Mortality per 1,000 Births.
6,440	25·2	16·5	0·9	153

CASTLE BROMWICH.

81 Dr. BOSTOCK HILL reports the death-rate of this district as fairly satisfactory; it was higher than in 1899, and slightly below that of 1898. Two villages, however, in the district, viz., Curdworth and Minworth, both show most unsatisfactory rates, and the importance of this is emphasized when we find that they occupied the same position in 1899; in fact, the death-rate of Minworth in that year was higher than in the present year, and it is very much too high for a village of that description, and far above the average of similar districts in the County.

82 Seven cases of Typhoid Fever were recorded, of which 3 proved fatal. Three of these occurred in Castle Bromwich, and 4 at Minworth. Those at Minworth were associated with very serious sanitary defects. These were remedied as far as circumstances allowed, but Dr. BOSTOCK HILL says, "It is impossible to put many of the houses in this district into even reasonable sanitary repair, until the new schemes for drainage and water supply have been carried out." I may add that schemes have been prepared for the sewerage and drainage of both Curdworth and Minworth, and inquiries have been held by the Local Government Board Inspector during the last two or three months.

83 Referring to the improvement of the condition of ashpits and privies in the district, Dr. BOSTOCK HILL says : " I hold the view strongly at the present time that, while pollution of the soil and air, caused, as it almost inevitably is, by the presence of middens, it is almost impossible to attain to a reasonably proper sanitary condition, and it is with regret that I find that though good work has been done in improving their condition, comparatively few have been converted into w.c.'s."

84

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
2,550	24·31	14·5	2·35	112

COVENTRY.

85 Mr. ILIFFE reports that the health of the district has been satisfactory, and that only 4 cases of zymotic disease have occurred, none of which proved fatal.

86 Speaking of the water supply, he says : " The water in the wells for some distance round the waterworks has been much reduced, and in the autumn the wells were quite dry. This is a terrible inconvenience, necessitating much trouble and expense in obtaining water."

87

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
300	23·33	33·33	—	142

FARNBOROUGH.

88 Mr. FRANEY reports that, as the death-rate is low, and, with the exception of Measles, that there has been no infectious disease, he considers the district maintains a satisfactory condition. Only one case was reported under the Notification Act, and this Erysipelas, though Measles was prevalent at Farnborough and Avon Dassett in July.

89 He reports that the villages have been inspected during the year, and found in fairly good condition. Three houses have been condemned as unfit for habitation, and one case of overcrowding was dealt with by the Sanitary Inspector.

90

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
1,697	20·62	15·32	0·58	171

FOLESHILL.

91 Mr. ORTON reports that Scarlet Fever occurred at Foleshill in the early part of the year, but was of a very mild type, and only one death resulted. Only one case of Diphtheria was notified, but a serious epidemic of Typhoid was reported during the months of August, September, and October, 61 cases being reported. Of these, 11 terminated fatally, and 17 of them were removed to hospital. Referring to this, Mr. ORTON says : " It is a notifiable fact that this special class of disease has broken out in the same localities for years, which seems to prove that the saturated earth may be the source of this danger. The water supply of the houses was found to be bad, the wells were closed, and the epidemic ceased."

92 Infantile Diarrhœa was accountable for 10 deaths, equally dispersed over the whole district. Mr. ORTON reports, however, that they were much less numerous than in the preceding year. Owing to the prevalence of Measles in two or three parts of the district, notably Binley and Keresley, the schools were closed. As 11 deaths were registered, 9 of them being in Bedworth, it is very probable that the disease was widespread, otherwise it must have been of a virulent type.

93 Referring to scavenging, Mr. ORTON says : " The system for the disposal of ashpit and excremental matter is carried out by a scheme of contracting, and appears to be generally satisfactory. This applies only to the parishes of Foleshill and Bedworth ; the remainder of the district, being of a scattered character, does not necessitate any organized scheme."

94 Annexed to the report is one by Mr. J. O. ORTON, the Medical Officer of the Infectious Diseases Hospital. He reports that 38 patients have been admitted to the hospital—20 of Scarlet Fever, 17 of Typhoid, and one of Puerperal. Several great improvements have taken place in regard to the hospital during the last six months. A telephone has been installed between it and the medical officer's house, a bedroom for the nurse has been constructed, a special ambulance has been procured for the removal to hospital of infectious cases, and, referring to this, Mr. J. O. ORTON says: "This will obviate the great risk run by huddling serious cases into the closed carriage hitherto hired, and which undoubtedly heightened the gravity of several Enteric Fever cases." A steam disinfecter is still a great need at the hospital; at present articles are disinfected at Nuneaton.

95

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
16,791	34·7	17·8	2·08	149

MONKS KIRBY.

96 Dr. COLES reports a much increased birth-rate and a slightly raised death-rate. He considers this satisfactory, as it follows an extremely low rate in 1899. Of the 26 deaths, 19 were those of persons of sixty-five and upwards, while 8 of them were over seventy-five. The only death due to zymotic disease was one from Measles. The only cases notified were 2 of Scarlet Fever, which Dr. COLES says were introduced from without the district. Dr. COLES reports also that new regulations came into force in the early part of the year applying to dairies and cowsheds.

97

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
1,904	22·05	13·6	0·52	23

NUNEATON.

98 Owing to the death of Mr. A. N. COOKSON at the end of the year, before he could make his report for last year, no report has been received. His successor, Mr. WOOD, has kindly forwarded me the vital statistics of the district, which are as follows, and, with the exception of the rate of infant mortality, are satisfactory.

	Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
99	1,713	18·0	16·3	0·55	161

STRATFORD-ON-AVON.

100 Dr. THOMSON reports a satisfactory death-rate and a very satisfactory zymotic rate, the only deaths registered from these diseases being one from Measles and one from Whooping Cough. Influenza is reported, however, to have caused no less than 13 deaths, most of them in the Wellesbourne district. The number of cases of infectious disease notified was below the average; four cases of Diphtheria were reported, two at Snitterfield, one at Tiddington, and one at Wootton. Three of these were removed to hospital.

101 Referring to removal of Diphtheria patients to hospital, Dr. THOMSON says: "There is little doubt that, if the case is not too ill to move, hospital isolation is the best action for the welfare of the patient and the safety of his friends." Twenty cases only of Scarlet Fever were notified, and of these 11 were in Ashorne parish. The school buildings were closed here, and thoroughly disinfected.

102 Dr. THOMSON records that good work has been done in dealing with the sewage of Kineton, in order to prevent pollution of the brook, and adds: "As regards the complete purification of the brook, to effect this it will be necessary to do away with the discharge of all crude house drainage into it; at the present time some house drainage runs direct to the brook." The drainage of Snitterfield has received attention, and the scheme for dealing with the same nearly completed. Dr. THOMSON refers to the necessity of work being taken in hand in connection with the disposal of the drainage of Wellesbourne and Alveston. At Ullenhall much trouble has occurred from surface water gaining

admission into the public supply of the village. He, however, says that there is a prospect that the matter will be rectified shortly. Wellesbourne requires a better water supply, and Dr. THOMSON suggests that the surplus from an artesian well three miles away might secure a pure and wholesome supply for that village.

103 Referring to the housing of the working classes, Dr. THOMSON says: "There are many cottages in the district, as in all rural districts, which come below a fair standard, having been erected in time past when supervision of damp courses, adequate height of rooms and proper lighting of the same, were not thought of. Such structural defects cannot be done away with readily. The bye-laws recently adopted will obviate these defects in new buildings.

104

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
11,297	19·4	14·7	0·17	68

TAMWORTH.

105 Dr. FAUSSET reports a very high birth-rate, viz., 37·2, in this district, and a death-rate of 18·2 per 1,000, and this is considerably higher than in the previous year, when it was 13·8; indeed, it is higher than in any of the last ten years. Scarlet Fever was not very prevalent, only 13 cases being notified, and 10 of them were removed to hospital. Seven cases of Diphtheria and 3 of Typhoid Fever were reported; indeed, Measles appears to have been the only disease with a marked prevalence, and was the cause of 8 deaths. Four schools, viz., those at Amington, Glascote, Dosthill, and Shuttington, were closed on account of the prevalence of Measles.

106 Much work in the way of remedying nuisances appears to have been carried out. Wells have been examined and the water analysed. Defective house drains have been altered and closets built, while at Wilnecote and Kingsbury new sewers have been laid by the District Councils, to which all the house drains have been connected.

107 Referring to the hospitals, Dr. FAUSSET says: "Some alteration ought to be effected at the lower block of buildings, in order to afford more protection from the cold winds and damp air, either by enclosing the present verandah or in some other way."

108 Referring to water supply, Dr. FAUSSET reports that a plentiful supply of water for all purposes has been derived from the Hopwas waterworks. The supply to Shuttington and Alvecote has been considerably increased. Outside the waterworks area, improvement has been made to the supply of Seckington by the addition of a second reservoir. The Kingsbury water supply is very satisfactory, and Dr. FAUSSET says: "It is to be hoped that the proposed scheme of a water supply for the remainder of the parish will soon be ready for adoption."

109 Dr. FAUSSET refers to the removal of weirs, and says:—"I regret to have to report that nothing definite has been arrived at with regard to the Alders and Comberford weirs. It is to be hoped that the question may not be allowed to drop without some further effort being made to carry out the original scheme, which was to remove the Amington weir, the two Castle weirs, the Alders weir, and the Comberford weir, only a small part of which has as yet been effected, although several of the parishes have paid their quota towards the scheme without receiving any benefit. From a health point of view, any measure which is calculated to lower the subsoil water, making the ground less damp and the atmosphere drier, must have a beneficial effect on the health of the neighbourhood."

110 The Engineer, Mr. CLARSON, has presented a report on the sewerage and joint sewage disposal scheme, and recommends a combination of the open septic tank and bacteria beds. Referring to the necessity of some scheme, Dr. FAUSSET says: "The danger to health constantly arising from the very unsatisfactory state of the old sewers in the district, and the great expense and difficulty with a growing population in even attempting to dispose of the daily increasing amount of sewage when turning it directly into the brook courses and into the rivers Tame and Anker, with scarcely any attempt to purify it, are, in my opinion, reasons why the scheme should be pushed on with as little further delay as possible." Urban powers under Section 160 of the Public Health Act have been obtained, also under Section 169 for the registration of all slaughter-houses in the district, and powers to make bye-laws dealing with the same.

111 Referring to pollution of the river Tame, Dr. FAUSSET says: "The pollution of this river was never so bad as it was during the three months of last summer."

112 In conclusion, Dr. FAUSSET says: "There are at least four important questions which will require your careful attention during the present year, viz. :—(1) the carrying out of the remainder of the scheme for the removal of the weirs; (2) the carrying out of the scheme of sewerage for Bolehall and Glascote, Wilnecote, Fazeley, and part of Wigginton, and, in connection with the borough of Tamworth, of a joint scheme of sewage disposal; (3) the carrying out of a scheme of water supply for the remainder of the parish of Kingsbury; (4) the continuation of the measures already undertaken with regard to the prevention of pollution of the river Tame."

113

VITAL STATISTICS.

Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
11,198	37·2	18·2	1·62	129

RURAL DISTRICTS IN MID-WARWICKSHIRE COMBINED DISTRICTS, INCLUDING MERIDEN, RUGBY, SOLIHULL, SOUTHAM, AND WARWICK.

MERIDEN.

114 Dr. WILSON reports that while the general death-rate and the death-rate from zymotic disease are practically identical with the low average of recent years, there has been a slight increase in the rate of infant mortality, though that may still be classed as a low rate compared with that of the country generally. Scarlet Fever was somewhat prevalent, but there was no mortality either from this disease or from Diphtheria or Fever of any kind. Nearly half of the total number of deaths occurred in persons aged sixty-five and upwards. Among causes of death, 2 were due to Measles, 4 to Whooping Cough, and 1 to Diarrhœa. Two schools were closed on account of Whooping Cough, viz., Hampton-in-Arden and the girls' school at Lea Marston.

115 Referring to isolation, Dr. WILSON says: "There is no doubt it would have been of great advantage in several instances if hospital accommodation had been available for the isolation of Scarlet Fever cases, and I trust that the proposed conference with the Joint Hospital Committee of Solihull and Yardley will lead to a satisfactory solution of this difficult question. All the most populous parts of the district are within easy reach of the Solihull and Yardley Joint Hospital near Sheldon, and even the most remote parts are not more distant from the hospital than the outlying parts of the Solihull district. The road approaches are all good, because the hospital is only removed a very short distance from the main road leading between Birmingham and Coventry, and, indeed, is situated in a part of Bickenhill parish which was transferred to Solihull when the site of the hospital was approved by the Local Government Board Inspector. I have repeatedly recommended in previous reports that joint action in this direction should be taken, and more particularly for the accommodation of Small-pox cases, because in previous outbreaks we have had to contend with great difficulties, and these are sure to become greater still when Small-pox again breaks out, owing to the increasing inter-communication along the line of railway between the growing parts of the district and Birmingham and Coventry."

116 With regard to works of a public nature carried out or in progress during the year, Dr. WILSON refers to the completion of the water supply scheme for Fillongley. He reports that the question of the water supply of Marston Green cannot be said to have made any progress, owing to the fact that though repeated application has been made to the principal owner as to whether he, along with the other few small owners, would be prepared to provide an independent scheme, no final decision has yet been obtained. Dr. WILSON further adds: "In the event of their not undertaking to do so, as pointed out in my last annual report, the only fair course for the Council to pursue is to apply to the Local Government Board for a provisional order to make the Marston Green quarter a special contributory area for water supply purposes, and to enter into an agreement with the Birmingham Corporation to extend their mains to this portion of their Parliamentary water area." Much attention has been paid to the question of water supply, and a large number of samples have been taken for analysis.

117 With regard to drainage works, another small section of the Hampton-in-Arden scheme has been completed, and Dr. WILSON advises the laying of a new sewer up the main thoroughfare, as the old existing one has been found to be very defective. Another section of drainage which has been in

abeyance for a long time, is the extension of the main sewer in Meriden to the Coventry end of the village, and Dr. WILSON says: "I would recommend that the Surveyor be instructed to prepare plans and specifications for the completion of the scheme."

118 The report of the Surveyor and Sanitary Inspector is annexed, and it shows that a very large amount of work has been done in the various departments under his supervision, including the taking of 11 samples of beer, to find whether or not they were free from arsenical contamination.

RUGBY.

119 Dr. WILSON reports: "That the death-rate is above the average of more recent years; that the death-rate from zymotic disease is also above the average, and that the rate of infant mortality is exceptionally high. The increase in the zymotic death-rate was entirely due to the more than average number of deaths from summer diarrhoea. The majority of these Diarrhoeal deaths among infants occurred in New Bilton during the excessively warm weather which prevailed during the latter part of the summer, and were no doubt largely due to errors in feeding."

120 Five deaths were due to Measles, 1 to Scarlet Fever, 2 to Whooping Cough, 1 to Diphtheria, and 2 to Typhoid Fever. Of the 5 deaths from Measles, four occurred in New Bilton, and the other in Newbold-on-Avon. At New Bilton the schools were closed on account of the prevalence of this disease. Whooping Cough was somewhat prevalent in other parishes, particularly Marton, where the school was also closed. Of the 2 deaths attributed to Typhoid Fever, one occurred in Newbold, and the other at Brownsover. One case was associated with defective drainage and privy accommodation.

121 Dr. WILSON points out that "while the various death-rates for the past year were higher than for the previous year, the number of cases of infectious diseases notified under the Infectious Diseases (Notification) Act only amounted to a little over one-half. So far, therefore, as notifiable disease is concerned, the general health of the district during the past year was satisfactory. At the same time, though the precautionary measures which were taken to prevent the spread of infectious disease were on the whole very successful, a still greater measure of success will be assured if, as I have frequently advocated, hospital accommodation were provided, and I am glad that this question is now being favourably considered by a Committee."

122 Dr. WILSON reports the extension of the Rugby water mains to Newbold-on-Avon, and the erection of stand-pipes. The Rugby water mains have also been extended through New Bilton, and all the newer houses, and a great many old ones, connected with them. Private wells have been receiving constant attention, and public wells have been kept in good order.

123 Referring to Scavenging, Dr. WILSON says, "The scavenging of New Bilton has been carried on throughout the year without any friction." He remarks that a great number of privies have been converted into water-closets, and that the few outstanding are being taken in hand. The rapid increase in the population of New Bilton and the great increase in the number of water-closets have aggravated the difficulties attending the satisfactory treatment of the sewage on the small sewage farm, and this, he says, requires careful consideration and attention. The revision of the bye-laws has received full attention, and the bye-laws themselves have been approved by the Local Government Board, and, I am pleased to say, are now in operation over all parishes throughout the whole of the district.

SOLIHULL.

124 Dr. WILSON reports that the general death-rate, the zymotic death-rate, and the rate of infant mortality are all low, though the latter is slightly above the average of the past few years. Among causes of death, 1 was attributed to Measles, 4 to Whooping Cough, 1 to Diphtheria, and 4 to Diarrhoea. It will thus be seen that Whooping Cough was the only disease which caused any marked fatality, and it is worthy of record that there were no deaths from Scarlet Fever, Typhoid, or other kind of Fever. Only 52 cases were notified under the Act, compared with 74 in the previous year. Of the 35 cases of Scarlet Fever, 17 were removed to the Isolation Hospital.

125 With regard to works of a public nature, Dr. WILSON reports sewer extensions in Kineton Green, St. Bernard's Road, and Warwick Road, Olton, and much required extensions in Station Road, Wood Road, and Packwood Road, Knowle. The sewers throughout the district have been kept well flushed, and the scavenging in Solihull, Olton, and Knowle well attended to. All the other work connected with the departments of the Surveyor and Sanitary Inspector appears to have been well attended to.

SOUTHAM.

126 Dr. WILSON reports a death-rate considerably below the average of the nine years recorded, and a zymotic death-rate and rate of infant mortality very much below the average, and, with the exception of deaths from Influenza among old people, that the general health of the district was satisfactory throughout the year. One death was attributed to Diphtheria and 6 to Diarrhœa, but no other deaths were due to notifiable infectious disease. Four cases of Typhoid Fever were notified, three being in one house at Napton. Dr. WILSON says: "The origin of this limited outbreak could not be precisely traced, but as the two worst cases could not be properly isolated and treated at home, they were removed to the Warneford Hospital Leamington, and made a good recovery."

127 Concerning works of a public nature, new sewers were laid to improve the drainage of Fenny Compton, Gaydon, Harbury, and Long Itchington, and that a portion of the outfall sewer at Southam was diverted to obviate any risk of pollution of the Holy Well, and repairs to the public water supplies of Bishops Itchington, Napton, and Shuckburg were carried out. Dr. WILSON strongly emphasizes the importance of Building bye-laws, the question, he says, having been referred to a Committee a year ago.

WARWICK.

128 Dr. WILSON reports that the average death-rates are considerably above the very low average of the past few years, but none of them can be called high rates. The increase in the zymotic death-rate was entirely due to the excessive number of deaths from Whooping Cough, and as 6 of the deaths from Whooping Cough occurred among infants, this accounts for the slight increase in the rate of infant mortality. Among causes of death, 1 was attributed to Measles, 1 to Scarlet Fever, 10 to Whooping Cough, 1 to Typhoid Fever, and 3 to Diarrhœa. Referring to the distribution of infectious disease, the single death attributed to Measles occurred at Cubbington, and the disease was also prevalent in other parishes, notably in Rowington, where the school was closed in June. The death from Scarlet Fever occurred in Barford, where cases of the disease kept cropping up from the spring almost to the close of the year, the great majority of them, however, were of a very mild type. There were 53 cases notified altogether, 28 of them being in Barford. The single death attributed to Typhoid Fever occurred in the Heathcote Hospital, in a patient removed from Cubbington, and only two other cases were notified. Epidemic Influenza was also prevalent in the early part of the year, and caused 9 deaths, 5 of them being in very old people.

129 As regards works of a public nature, the Surveyor and Inspector reports that work in connection with public drainage was done at Barford, Cubbington, and Whitnash. Drains were repaired and trapped at Cubbington and Barford, and main drains extended at Barford and Hill Wootton. Public pumps were repaired and wells cleaned out at Lowsonford and Radford Semele.

130

VITAL STATISTICS.

	Population.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Infant Mortality per 1,000 Births.
Meriden	11,380	21·2	15·6	0·61	111
Rugby	13,775	26·2	17·1	1·5	168
Solihull	12,681	20·4	12·6	0·68	103
Southam	10,680	24·7	14·9	0·65	83
Warwick	11,420	19·8	14·4	1·4	105

THE COUNTY AS A WHOLE.

AREA.

131 This year there has been some slight change in the area of the County, owing to the absorption of part of the district of Foleshill by the City of Coventry, and the figures, as collated from the various reports, show the total area to be 549,964 acres, of which 54,799 are urban, and 494,895 rural.

POPULATION.

132 The estimated population of the Administrative County for the year is 350,344, compared with 352,935 for the previous year, the population in the Urban districts being 206,284, and that in the rural 144,060. The decrease is really only apparent, and it is caused by the fact that the district of Foleshill is now so much smaller, and is now estimated to have a population of 16,791, as against 24,655 in the previous year, owing, as I have said, to the absorption of part of the district by the City of Coventry.

133 Since the reports were written, the usual decennial census has been taken, but although the figures for the cities and large towns are available, the detailed figures of the urban and rural districts in the administrative County are not yet to hand. In my next annual report, however, I shall be able to show what the exact population was on April 1st. This will be very important, because it will allow us to correct the rates which for several years past have only been calculated on an estimated population. I have before pointed out the desirability of a more frequent enumeration of the population. In districts where industries fluctuate the population increases very differently in different periods, and under the present system of numbering the people only at intervals of ten years, it is impossible to calculate with accuracy during the last few years of the decade what the population is. Many appeals have been made for a quinquennial census; it need not be as elaborate as the present decennial one, but it is to be hoped that before another five years have passed the importance of this will be evident to the Registrar-General and the Government, and it will become an established fact.

BIRTHS.

134 Nine thousand, four hundred and sixty-one births were registered, compared with 9,877 in 1899, and 9,726 in 1898. Calculated on the estimated population, the birth-rate is 27·00 compared with 27·98 in the previous year. It will be seen, therefore, that there is again a slight falling off in the rate. In the whole of England and Wales the birth-rate last year was 28·9. In the urban districts the birth-rate was 27·44, in the rural 26·37. The reason for this slight difference, as I have previously pointed out, is that many of the urban districts have very low birth-rates, owing to their being of a residential character, while many of the rural districts, notably Tamworth, Atherstone, and Foleshill, are really urban in their character, and have rates far above the average.

135 In the Urban Districts the birth-rate was highest in Bulkington, where it reached 37·7, while in Nuneaton and Aston Manor it also exceeded 30·0. It was lowest in the Borough of Leamington, being only 18·1, while Stratford-on-Avon comes next with a rate of 20·0.

136 In the Rural Districts the highest rate is found in Tamworth, viz., 37·2, closely followed by Atherstone with 36·02. The only other district having a rate exceeding 30 was Foleshill, with 34·7. The lowest rate is to be found in the Nuneaton Rural District, where it was 18·0, but in Farnborough, Meriden, Solihull, and Warwick Rural the rates were nearly as low.

DEATHS.

137 Five thousand eight hundred and sixty-one deaths were registered, viz., 3,533 in the urban, and 2,328 in the rural districts, giving a death-rate of 16·72, compared with 15·93 in 1899 and 16·31 in 1898. In the urban districts the death-rate was 17·12, which is practically identical with the rate of the previous year, and in the rural it was 16·15, an increase in these districts of nearly 2 per 1,000. It is only fair to add, however, that the death-rate in the rural districts in 1899 was much below the average of previous years.

138 In the urban districts the lowest rates are observed in Erdington and Sutton Coldfield, these being the only two districts with a death-rate under 12. The highest rate is shown in Bulkington, where it reached 22·5, the next on the list being Nuneaton, with a rate of 18·58.

139 In the rural districts the lowest rate is found in Solihull, where it was 12·6, while the highest rate (omitting Coventry with its estimated population of only 300, and where the death-rate was 33·3) is found at Atherstone, which has a rate of 18·9; while Tamworth, with a rate of 18·2, comes next on the list, Foleshill following with a rate of 17·8. The death-rate for the whole of England and Wales was 18·3.

ZYMOTIC DISEASE.

140 Six hundred and seventeen deaths were registered as due to the seven principal zymotic diseases, compared with 689 in 1899 and 647 in 1898. The deaths registered were as follows:—Measles 107, Scarlet Fever 15, Diphtheria 50, Whooping Cough 101, Fever 78, Diarrhœa 266. It will be observed that there is a marked increase in the deaths from Measles and Whooping Cough, and a decrease in the mortality from Scarlet Fever, Continued Fever, Diarrhœa, and Diphtheria. The zymotic death-rate for the year is lower than in the previous one, and is 1·76 compared with 1·94. For England and Wales it was 2·0.

141 In the urban districts the number of deaths from zymotic disease was 443, compared with 492 in 1899 and 429 in 1898. This gives us the lower rate of 2·14 compared with 2·43.

142 In the rural districts the zymotic deaths numbered 177, giving the very low figure of 1·23, a slight improvement on that of the previous year, when it was also very low.

143 *Smallpox*.—I am again pleased to be able to record that not a single case of this disease was notified in any of the districts of the county during the year.

144 *Measles*.—There has been a considerable increase in the number of deaths due to this disease, the numbers being 107, compared with 35 in 1899, and 124 in 1898. It will be observed from these figures that although the number of deaths was three times as great as in the previous year, they were less than in 1898, and it is a fact that Measles, being a disease of early childhood, occurs at intervals of a very few years. In the County of Warwick not a single district has Measles on the Schedule of those notifiable under the Act. It was hoped some years ago that good would be done by notifying Measles among the other infectious disorders, but experience has shown that there are many difficulties in the way of reaping any good from the practice.

145 The mortality from Measles was rather greater in the urban than in the rural districts, but not when the greater population of the former is taken into consideration. In the urban districts the fatality was almost entirely restricted to Aston Manor and Nuneaton, 54 out of the 58 deaths occurring therein, while in the rural districts those which suffered most were Atherstone, Foleshill, and Tamworth, 30 out of the 49 deaths occurring in these districts.

146 *Scarlet Fever*.—I am again able to report that Scarlet Fever has not been unduly prevalent, the number of cases notified being 997, compared with 984 in the previous year, while in 1898 and 1897 the cases notified respectively were 1,214 and 1,628. I was able to report last year that not only were the cases fewer, but the mortality was less, and this year there is a still further reduction, indeed, the death-rate per 1,000 is exactly half what it was last year, viz., ·04 per 1,000, showing that the type has become still more mild. This is a very satisfactory point to be noted.

147 The disease was more prevalent in the urban than in the rural districts, the number of cases notified being respectively 658 and 339. In the urban districts, Aston Manor suffered most, having no less than 406 cases, while the rural districts of Meriden and Warwick had by far the largest proportion. In fact, these were the only two districts where the number of cases notified exceeded 50.

148 *Diphtheria*.—Here again I am able to record a decrease in the number of deaths registered, which was 50, compared with 73 in the year previous. The number of cases notified has also been less, viz., 265, compared with 296 in the previous year. This result compares even more favourably with the year 1896, when no less than 537 cases were recorded. The disease was more prevalent in the urban than in the rural districts, the figures of cases notified for Diphtheria and Croup together being 177 in the urban and 102 in the rural.

149 In the urban districts the disease was chiefly prevalent in Aston Manor and Rugby. Having regard to the population, the greatest prevalence must be observed in Rugby, where 38 cases occurred out of 169 notified.

150 In the rural districts Alcester heads the list, no less than 47 cases being notified out of a total of 96, while in no other district did the cases exceed 9. The case mortality in the urban districts was still high, though not so high as in the previous year, the figures being 21·9, compared with 22·9 in 1899. In the rural districts it was much lower, the figures being 13·5.

151 *Whooping Cough* was more fatal than in the two previous years, 101 deaths being registered as due to it, of which 72 occurred in the urban, and 29 in the rural districts. It will thus be seen that with the exception of Measles, this was the most fatal of all the zymotic diseases. I have before pointed out that it is almost absolutely a fatal disease of early childhood, and that, though many people consider both it and Measles to be simple ailments, in many instances not requiring medical attention, yet, as a matter of fact, they are the two most fatal of the infectious diseases that afflict us in this country.

152 *Fever*, including Typhoid and other continued fevers, caused 81 deaths in the County, compared with 90 in the previous year. Of these, 78 were due to Typhoid and 3 to doubtful forms of Fever. The number of cases notified was 432, compared with 629 in the previous year, 282 of these being in the urban and 142 in the rural. The disease was chiefly prevalent in a few districts, viz.:—Aston Manor and Erdington in the urban, and Atherstone and Foleshill in the rural. As regards Erdington, it must not be thought that the large number of cases was in any way due to bad sanitation in the district. As a matter of fact, nearly all the cases were imported into the Workhouse Infirmary from the districts of Birmingham and Aston, where, during the year, no accommodation was provided by the authorities.

153 I may add that, during the last few months, the City of Birmingham has opened a hospital for the reception of these cases, but in the case of Aston Manor there is still no provision, and unless patients are removed to the Workhouse, they have still to be treated at home.

154 The outbreak in Aston may be said to have been a continuation of that of the previous year, and in my summary of the report of the medical officer of that district I have quoted at some length his views of the cause of the prevalence of this disease.

155 In the rural districts the disease was epidemic at times in Atherstone and Foleshill, and exactly the same thing was to be observed in the previous year. I very fully investigated these cases at the time, and presented reports embodying the results of my enquiries. So frequently have there been outbreaks of Typhoid Fever in parts of the district of Foleshill, chiefly Bedworth, that it is almost fair to consider the disease to be endemic. I may remind you that in both Bedworth, in the Foleshill district, and at Atherstone, I discovered many glaring sanitary defects, and I am pleased to be able to state now that owing to the action you took in bringing my reports before the District Councils concerned, there is a prospect of work being undertaken to ameliorate the conditions obtaining.

156 I have before pointed out that Typhoid Fever is the best single index of the sanitary condition of a district. When it occurs year by year in the same place it is proof positive that conditions exist there which require remedying. It used to be considered in the early days of sanitation that Typhoid Fever was almost exclusively produced by bad water, but ample evidence has now accumulated that it may spread when house accommodation is bad, when drainage and sewerage are inferior, and scavenging, in the real sanitary sense of the word, is neglected. In other words, Typhoid Fever is now known to be largely associated with pollution of the soil, as well as pollution of water; and in order to prevent this most fatal and serious disease—serious because its inroads are chiefly made on young adults—it is necessary that measures should be taken to prevent those accumulations of filth near dwellings, and the consequent pollution of soil, which were to be found in the past generally connected with dwellings in many communities.

157 *Diarrhoea*, I am glad to say, has been less fatal than in the previous year. This decrease, however, is more apparent than real. It will be observed that the tabular forms appended to this report referring to sickness and mortality are different to those issued in previous years. The reason of this is that the Local Government Board issued new forms to the district medical officers of health, and in

order to avoid confusion they have adopted these forms in place of the old ones. In these Enteritis is differentiated from Epidemic Diarrhœa, and the consequence is that, on this ground alone, fewer deaths are registered under the head of Diarrhœa. The death-rate from this disease last year in the administrative County was 0·75 per 1,000, compared with 1·14 in the previous year.

158 The chief factor, as I have said many times before, in the production of diarrhœa is high temperature in the autumn. It will be remembered that we had a period of hot weather last summer as in the previous year, and, therefore, it was certain that Diarrhœa would be more or less fatal. It is hardly an exaggeration to state that it is chiefly fatal in what, to use a common phrase, may be called slum districts. It is a disease largely of town life, and in the urban districts we find that 314 deaths were registered, compared with 52 in the rural districts. The disease was chiefly fatal in Aston Manor and Nuneaton, and whenever we get high temperatures it is to be expected that the same districts will continue to show heavy mortality from this disease until the suggestions of their medical officers of health which I have quoted in my summaries of their reports are carried into effect. To sum these up shortly, they may be said to be improved cleanliness of houses, yards, and sanitary conveniences; and until the midden system, which is still prevalent in these districts, is abolished, this is practically impossible.

159 Appended to this report is a chart showing the number of cases of Scarlet Fever, Diphtheria, and Typhoid Fever, notified during each week of the year in the Administrative County. It is interesting to observe how Typhoid Fever particularly rises, in this, and has risen in past years, in the autumn, as shown in the charts for those years. Scarlet Fever, too, which last year reached its highest point in the third week in October, reached its highest point this year in the first week in November, the maximum number of cases notified being 48. On the other hand, Diphtheria, though fluctuating a good deal, maintained a fairly equal level throughout the year.

OTHER DISEASES.

160 The most remarkable point connected with the vital statistics of the year is the enormous rise in the mortality from Epidemic Influenza. Last year the number of deaths registered as due to this cause was 17, and in the year before that 3, but this year 178 were registered as having been due to it, while the deaths due to Bronchitis, Pneumonia, and Pleurisy were 947, compared with 885 in the previous year. It will thus be seen that not only has there been an increase in Epidemic Influenza, but one generally in diseases of the respiratory organs. Phthisis or Consumption was responsible for 348 deaths, a number slightly fewer than in the preceding year, when 366 deaths were registered.

161 It is worthy of note that at the present time much attention is being given to the prevention of this scourge. It used to be thought that it was chiefly hereditary, and while this doctrine held it was only natural that little should be done to prevent its spread. It is now generally admitted to be due to well-ascertained causes, and at the present time, by the provision of sanatoria and other means, great efforts are being made to reduce its mortality and prevent its spread. In the autumn of this year a Congress is to be held in London on this subject, when it is to be hoped practical measures will be suggested applicable to wide areas for further arresting its spread.

INFANT MORTALITY.

162 During the year 1,347 deaths were registered in children under one year of age, viz., 862 in the urban districts and 485 in the rural. The figures, calculated on the total births, give an infantile death-rate for the County of 142. The rate for the urban districts was 152, that for the rural ones 127. Last year the rate for the whole County was exactly the same, that for the urban districts was higher than this year, while for the rural it was lower. On the whole, therefore, the statistics for this year are more favourable than those for 1899.

163 Referring to the particular districts, it will be seen that the lowest rate in the urban districts was in Sutton Coldfield, where the figure was 93. In the Borough of Warwick it was nearly as low, the figure being 97. The only other figure nearly approaching these was that of Erdington, where the rate was 109. Strange as it may appear, the highest rate was found in Kenilworth, the figure there being 179, but in Nuneaton and Chilvers Coton the figure was almost identical, being 176, while in Aston Manor it was also high, the figure being 167.

164 In the rural districts the extraordinarily low figure of 23 occurred at Monks Kirby, but besides this, which is altogether exceptional, Stratford-on-Avon with a rate of 68 and Southam with a rate of 83 show extremely satisfactory rates. The highest rate is observed in Farnborough, the figure being 171, a rate almost as high as in any of the urban districts, while in Rugby, Atherstone, and Brailes the rates all exceed 150.

165 In my report for 1899 I called attention, as, indeed, I have often previously done, to this terrible waste of infant life, and I discussed measures that I thought might, and should, be taken to ameliorate existing conditions. I suggested that money might well be utilised from the funds devoted to technical education by appointing a health visitor or missionary, who would be able not merely by lecturing, but by precept and example among the homes of the people who need it, teach those elementary physiological conditions, the non-observance of which is productive very largely of the present high rate of mortality. This, however, appears not to have been thought possible, but I am pleased to see that at the present time money is to be expended in teaching nursing, and this no doubt will do something in the right direction. It is a melancholy thing to say, but it is true all the same, that the bulk of this infant mortality occurs among the poor. In one of the districts of the County for some years I made a study of all the deaths that occurred under one year of age, and I found that practically it was always the rule that the bulk of the mortality was in the houses let at a low rental. The improvement in sanitary condition will do much, particularly the removal of nuisances near the dwelling, and the cleansing of the soil by the removal of ashpits and midden privies; but even when all this has been done, much will still remain to be done, and I do not think there is much hope of a marked diminution in the present rate until a knowledge of those conditions which bear upon infant life is spread among the poorer portion of the inhabitants. The question of feeding is intimately associated; it is common knowledge that infants are fed largely on bread and starchy substances, while as a matter of fact they are unable to properly digest them. Milk is the only proper diet, and if this one elementary fact were thoroughly appreciated by mothers the mortality would fall at once to a great extent.

A SUMMARY OF MATTERS INFLUENCING THE PUBLIC HEALTH, TO WHICH ATTENTION IS DIRECTED IN THE REPORTS OF THE DISTRICT MEDICAL OFFICERS OF HEALTH.

NOTIFICATION OF DISEASE.

166 Each week of the year I received from the District Medical Officers of Health cards giving the number of cases of notifiable disease reported during the week. These were collated and a return sent to each Medical Officer of Health by the Tuesday night's post, of all the cases notified in the previous week. Owing to the courtesy of the Medical Officers of Health of the Cities of Birmingham and Coventry, I received statistics also from them, so that every Medical Officer of Health in the County has forwarded to him, within three days of the week's close, a return showing the number of infectious cases notified in the whole of Warwickshire in the previous week.

ISOLATION AND HOSPITAL ACCOMMODATION.

167 Some advancement has been made towards improving isolation hospital accommodation during the past year. Among the urban districts, Bulkington and Rugby have no general infectious hospital, though Rugby has one which can be utilised for Small-pox. At the present time, however, Rugby appears to be stirring in the direction of obtaining proper accommodation in conjunction with Rugby Rural and Crick. I have already quoted fully the remarks of the District Medical Officer of Health, but I may emphasize one sentence where he says, "the time has come, however, when the provision of hospital accommodation, which has been so often under consideration, should no longer be delayed." Bulkington is too small to satisfactorily provide itself with hospital accommodation, and a solution of the question must be looked for in the provision of joint hospital accommodation with large adjacent districts.

168 I said last year that the best results are obtained in the districts around Warwick and Stratford, and this still holds true. Aston Manor and the districts immediately surrounding it, viz., Erdington, Sutton Coldfield and Castle Bromwich, have excellent accommodation for Small-pox and Scarlet Fever, but to equip themselves thoroughly it is most important that accommodation should be provided for Typhoid Fever and Diphtheria.

169 In the rural districts, Brailes has now accommodation with Shipston, which appears to be satisfactory. The three most important districts in which there is no accommodation at all are Meriden, Rugby, and Southam, three of the districts in the Mid-Warwickshire combined area. The Medical Officer of Health for these districts has frequently urged the importance of accommodation being provided, and this year again he calls attention to the matter, and suggests that Meriden should come to a solution of this difficult question by amalgamating with Solihull and Yardley. With this suggestion I heartily concur, and I am glad to note that initial steps have been taken, and a conference of the Committees held, which, I trust, will bear fruit. The Rugby Rural District proposes, I believe (at least, there is a project of that kind on foot), to unite with the Urban District Council in the provision of a hospital according to the order issued by the County Council 3 years ago. Southam apparently has done nothing during the year. In his report for 1899, the Medical Officer of Health for this district said, "I have in previous reports suggested that the Warwick Joint Isolation Hospital might be made available for the Southam Rural District." Although hospitals exist at Atherstone, Nuneaton, and Foleshill, and have done in the last year or two valuable work, they cannot be considered up to date or suited to modern requirements. They are merely temporary structures, useful in their way, but too limited in their scope for the requirements of the important districts which possess them.

170 It is to be hoped that the Isolation Hospitals Act Amendment Bill, which has been taken up by Government, will become law during the present Session. If this takes place it will be my duty to report upon the whole matter, with a view to making such provision as seems desirable for the County as a whole.

RIVER POLLUTION.

171 A great deal of work has been done during the year to reduce the pollution of rivers taking place in the County. The new works of the Coventry City Council were nearly completed at the end of the year, and since then a large portion of the sewage from the City has been dealt with on them, and consequently much less pollution of the rivers Sherbourne, Sowe, and Avon is at the present time taking place. I have had, too, a conference with engineers representing the interests of the City and of the various landowners, as to the works to be carried on to remove the deposits of filth which have existed for many years in the rivers. This work was rendered lighter by the heavy storms and floods which occurred at the end of the year, by means of which vast deposits of sewage sludge were washed away, and the beds of the rivers left comparatively clean.

172 I have also given attention to the pollution of the Tame. Enormous works are being carried on and hundreds of men are employed in laying down new sewers and draining land for the reception of sewage from those districts included in the Tame and Rea District area. I am informed that at the present time all the sewage after precipitation is being treated on land, and none is now directly going into the River Tame. Still, up to the end of the year very little improvement was observable, but it will be only fair to wait till these vast works are completed before making any definite pronouncement of their probable value.

173 I have given attention, too, to the river Cole, having inspected the Yardley Sewage Farm, and made suggestions as to certain dangers of pollution. These have to some extent been remedied, and the pollution, at least to some extent, lessened. I also, during the year, inspected the sewage works of Stratford-on-Avon, and found them to be working satisfactorily, but pointed out that it would be necessary in the near future to make provision for a considerable extension of the works if pollution of the Avon were to be avoided. As a result, also, of my inspection, the sewage works at Kington have been re-modelled with very satisfactory results, although there is still something more to do here before matters can be considered quite satisfactory. It will be seen, therefore, that much good work has been done.

VACCINATION.

174 A perusal of the vaccination return, to be found in the appendix, will show that, as in previous years, very few of the districts, comparatively, have forwarded statistics. In the two previous years, returns were received from 10 districts. I regret to say that for the year 1900 only 9 districts were represented.

175 It is satisfactory to observe, however, that in the districts represented, vaccination has, on the whole, been better performed, the number of cases remaining unvaccinated at the date of the return being, in nearly every district, less than the proportion of the preceding year. It is with much satisfaction that I can record the resolution of your Committee to pay for a return from those vaccination officers who have not hitherto supplied information.

176 It is one of the anomalies of our sanitary administration that in the case of the one disease for which we have a special means for prevention, the carrying out of the Act should not be in the hands of the sanitary authorities. It is all the more important at the present time to discover whether or not the new Act has worked as its promoters desired, and therefore whether, in the next few years, when the inevitable epidemic of Small Pox comes, the County will be prepared to resist it, or whether it must make up its mind to pay the heavy toll in life and money which will most assuredly be exacted.

ELEMENTARY SCHOOLS.

177 It will be noticed from my summary of the reports of many of the District Medical Officers of Health that schools have been frequently closed during the year. This has taken place chiefly for the purpose of preventing the spread of Measles. I pointed out last year, and may again emphasize the fact, that when a school has been so closed it would be very desirable that it be disinfected before it is reopened.

SCAVENGING.

178 It is very gratifying to find that this important question, and I know of no one more important in a sanitary sense, is still receiving a good deal of attention. I have quoted from the reports of those Medical Officers of Health which refer to it, notably those for Stratford-on-Avon, Surton Coldfield, Warwick, and Castle Bromwich, and, as far as I can see, in many instances good work has been done during the year. Still, I have very little doubt in my own mind that this removal of waste and foul matters is one of the most pressing needs at the present time. Not only is scavenging necessary to maintain a reasonable standard of health, but it is necessary that it should be done in a proper way. It has often struck me that the present method, as it is so frequently carried out, viz., the placing of night-soil or other filth on the public road previous to removal in the carts, is one not only filthy, but likely to be productive of certain kinds of disease. It is impossible to thoroughly cleanse the road after the process has been completed, and dried particles of filth, perhaps in some instances infected filth, are then blown about in the atmosphere, and deposited in many instances undoubtedly in the interior of houses. I believe it was in Atherstone a year or two ago that a cart was employed which prevented this deposition on the roadway, and I should very much like to see some system generally adopted on these lines.

MEDICAL OFFICER OF HEALTHS' REPORTS.

179 I would again call the attention of all District Medical Officers of Health that it is their duty to acquaint the Local Government Board *immediately* of the outbreak of any dangerous infectious disease in their districts, and at the same time to send a copy of that report to the County Council. I received certain reports during the year notifying outbreaks and consequent closure of schools, but I did not receive in all cases reports when school closure was carried out.

180 I called attention last year to the fact that in some of the districts in the County the annual reports were not printed. The districts to which I then referred were Bulkington, Coventry, Farnborough, and Monk's Kirby. These are all small districts, but, as I have pointed out previously, it is most desirable that health reports containing statistics, etc., should not only be printed, but circulated in the neighbourhood, as a means of sanitary education, and of giving interest to those to whom they chiefly concern.

181 Another point in connection with the annual reports is that many of them are unduly delayed. The Local Government Board requires that the reports should be made within six weeks, and that they should never be later than three months from the end of the year. Owing to delays in printing, and perhaps for other reasons, in some instances I did not receive reports till the beginning of May. I trust in the future that efforts will be made by means of which this undue delay shall be prevented.

INSPECTORS' REPORTS.

182 It will be observed, on referring to the appendix, that only in three instances have I no reports from Inspectors, viz., one urban and two rural. These districts are Bulkington (urban) and Atherstone and Nuneaton (rural). It is very important that a record should be made of the sanitary work done in the County. This year many more returns have been made than in past years, and I hope that in this, the first year of the 20th century, we may have a complete return of the sanitary works carried out by the Inspectors in each district of the County.

BYE-LAWS.

183 Some attention is devoted, as you will have observed, by some of the Medical Officers of Health to this subject, and I am glad to say that during the year in many of the districts, modern, up-to-date codes of bye-laws have been adopted. In some districts, however, notably Brailes and Southam, no bye-laws appear to exist at all. In Brailes the Medical Officer of Health reports that the subject of bye-laws has been considered by the Council, and it was decided that owing to the rural nature of the district, bye-laws were not necessary. While it may be true that stringent bye-laws are not necessary, for instance, for regulating offensive trades, and other conditions frequently found in urban districts, still, it is absolutely essential for the future sanitary welfare of the people, that dwellings and other buildings should be erected on properly devised sanitary plans. This, indeed, is a matter of urgent importance, and I desire to call your attention to it as one for which, I think, you should properly devote attention.

WATER SUPPLY.

184 In nearly all the reports there is evidence that this subject is receiving attention in many of the districts, notably Meriden. In most of the urban districts public water supplies are available, so that when wells or present sources are found to be polluted, and therefore dangerous for use, it is not difficult to provide an alternative and proper supply. In many of the rural districts, too, waterworks are available, either from adjacent towns or those constructed locally. The North Warwickshire Water Company have obtained increased powers, and it is to be hoped that they will, in a short time, have the means available of supplying water to certain parts of the district where the want of an ample and pure supply is felt. In many rural districts, however, particularly in isolated villages, little can be done, except in the way of palliation. Schemes for the supply of small districts are at times too expensive for the cost to be properly borne, but even when this is so, much may be done by removing leaky drains, cesspits, and other sources of pollution from too great a propinquity to wells, springs, or other sources of local supply.

BACTERIOLOGICAL EXAMINATIONS.

185 During the year a scheme devised by me received your sanction, by means of which any medical practitioner in the County can, free of cost, in cases of suspected Typhoid Fever and Diphtheria, have an examination made of blood or other material from patients believed to be suffering from these diseases. The necessary arrangements were made with the Bacteriological Department of the University of Birmingham, and a very large number of specimens have been forwarded. I have received from many Medical Officers of Health testimony of their appreciation of the aid afforded, and I have reason to believe that in many instances medical practitioners themselves have been eager to avail themselves of the information to be thus obtained.

SPECIAL DEATH-RATES.

186 As in previous years I append a summary of the death-rates in the County from the three most important Zymotic diseases, Typhoid Fever, Diphtheria, and Scarlet Fever. The following are the figures for the last 12 years :—

	Typhoid Fever.	Diphtheria.	Scarlet Fever.
1889.	0·12	0·12	0·10
1890.	0·07	0·07	0·13
1891.	0·13	0·08	0·20
1892.	0·10	0·08	0·07
1893.	0·19	0·12	0·05
1894.	0·05	0·08	0·05
1895.	0·06	0·19	0·09
1896.	0·11	0·25	0·18
1897.	0·09	0·11	0·12
1898.	0·13	0·10	0·07
1899.	0·25	0·15	0·08
1900.	0·22	0·14	0·04

187 It will be observed that all these rates are below those of the previous year, though the rate for Typhoid Fever is rather above the average of the 12 years. Scarlet Fever is the lowest recorded, in fact, in only 2 years, 1893 and 1894, has there been anything approaching this rate; while the Diphtheria rate, though lower than last year, is rather above the average of the 12 years for which figures are now available, it must be remembered that this is due chiefly to the prevalence of the disease in two or three districts, and that the County as a whole has really suffered very little indeed from anything like epidemic prevalence.

CONCLUSION.

188 Every one must, I think, in reading the summaries of the reports year after year, come to the conclusion that much good work has been, and is being done. I am particularly gratified at the works in progress to ameliorate conditions in certain of the districts which hitherto have had the worst records, and I think I may therefore congratulate both the County Council and the District Councils on the improvement which is taking place, particularly as everything has been done up to now without anything approaching friction. I have been in frequent communication with many of the Medical Officers of Health and other officials of the District Councils, and beg to tender them my hearty thanks for the courteous help they have been always ready and willing to give to me.

I remain,

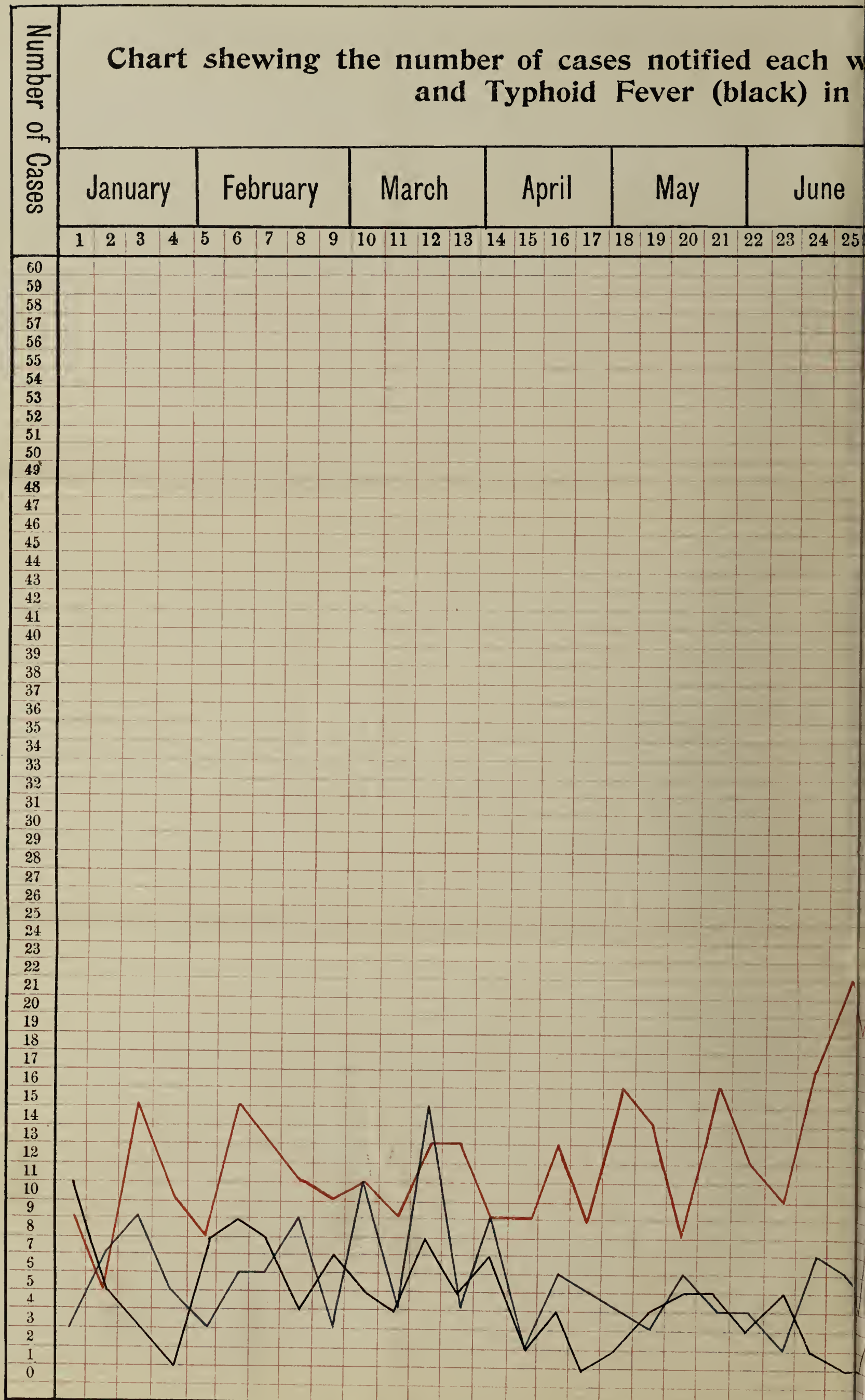
My Lords and Gentlemen,

Your obedient Servant,

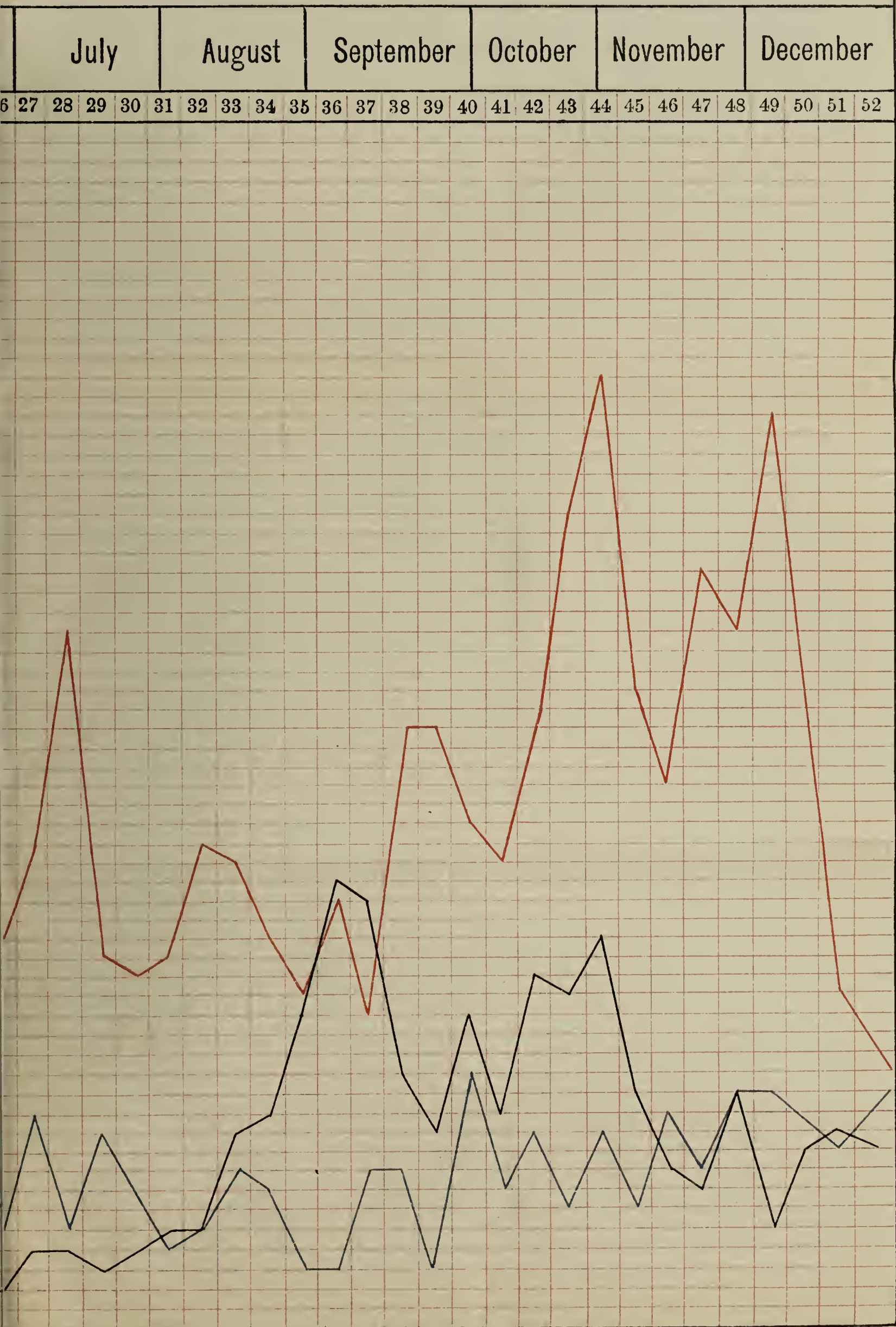
A. BOSTOCK HILL, M.D., D.P.H., Camb.,

County Medical Officer of Health.

Chart shewing the number of cases notified each w
and Typhoid Fever (black) in



Week of the year of Scarlet Fever (red), Diphtheria (blue),
the administrative County in 1900.



A. TABLE OF DEATHS during the Year 1900, in the URBAN SANITARY DISTRICTS of the COUNTY OF WARWICK, classified according to Diseases and Ages, and shewing also the Area and Population of such Districts, and the Births therein during the Year, together with Birth, Death, and Zymotic Rates, and the Rate of Infant Mortality.

DISTRICTS.	AREA IN ACRES.	Population per Square Mile	Birth Rate.	Death Rate.	Zymotic Death Rate.	Infant Mortality under 1 year to Registered Births per 1,000.	POPULATION AT ALL AGES.		Registered Births.	DEATHS AT SUBJOINED AGES.							MORTALITY FROM SUBJOINED CAUSES.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
							Census 1891.	Estimated to Middle of 1900.		All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough	Diphtheria and Membranous Croup	Croup.	Fever.			Epidemic Influenza	Cholera.	Plague	Dysentery.	Puerperal Fever.	Erysipelas.	Other Septic Diseases	Phthisis.	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Plenty.	Other Diseases of Respiratory Organs.	Alcoholism.	Venereal Diseases.	Premature Birth.	Diseases and Acci- dents of Parturition	Heart Diseases.	Accidents.	Scalds.	Diseases of Female Organs.	All other Causes.	All Causes.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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ASTON MANOR	943	54,759	31·3	15·9	3·4	167	68,639	80,497	2,516	1,282	423	174	32	64	376	213	...	32	736	14	25	1	17	...	139	45	7	2	2	92	36	53	142	111	4	11	12	243	5	89	18	3	2	332	1,282																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
BULKINGTON	4,892	162	37·7	22·5	0·8	148	1,400	1,244	47	28	7	3	3	15

B. TABLE OF DEATHS during the Year 1900, in the RURAL SANITARY DISTRICTS of the COUNTY OF WARWICK, classified according to Diseases and Ages, and shewing also the Area and Population of such Districts, and the Births therein during the Year, together with Birth, Death, and Zymotic Rates, and the Rate of Infant Mortality.

Districts.	Area in Acres.	Population per Square Mile.	Birth Rate.	Death Rate.	Zymotic Death Rate.	POPULATION AT ALL AGES.		Registered Births.	DEATHS AT SUBJOINED AGES.						MORTALITY FROM SUBJOINED CAUSES.																				All other Causes.	All Causes.																	
						Census 1891.	Estimated to Middle of 1900.		All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Membranous Croup.	Typhus.	Enteric.	Other Continued Fever.	Epidemic Influenza.	Cholera.	Plague.	Diarrhoea.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Dis- eases	Phthisis.	Other Tubercular Diseases.	Cancer, Malignant Disease.			Bronchitis.	Pneumonia.	Plenty.	(Other Diseases of Respiratory Organs. (Chronic of Liver. (Alcoholism. Venereal Diseases.	Premature Birth. Diseases and Acci- dents of Parturition.	Heart Diseases.	Accidents.	Suicides.									
ALCESTER	37,850	196	22.5	16.03	1.29	126	11,483	11,600	261	186	33	17	6	6	55	69	...	6	...	2	3	...	1	1	6	2	8	...	2	20	5	16	9	12	...	3	3	...	3	2	16	6	60	186		
ATHERSTONE	21,330	453	36.02	18.9	1.9	156	14,076	15,100	544	286	85	48	9	7	66	71	...	11	2	...	2	3	...	7	...	8	724	...	3	2	11	3	5	24	26	3	9	2	1	9	1	19	7	97	286	
BRAILES...	45,158	91	25.2	16.5	0.9	153	7,215	6,440	163	107	25	2	4	4	30	42	...	1	...	3	8	2	6	3	8	6	9	1	2	2	...	4	1	10	2	39	107		
CASTLE BROMWICH	7,724	211	24.31	14.50	2.35	112	2,293	2,550	62	37	7	3	...	2	15	10	2	1	3	3	4	1	...	2	1	5	14	37	
COVENTRY	1,839	104	23.33	33.33	Nil	142	300	300	7	10	1	1	8	1	...	2	...	7	10				
FARNBOROUGH	9,206	118	20.62	15.32	0.58	171	1,697	1,697	35	26	6	1	...	2	6	11	1	2	2	1	3	3	10	26					
FOLESHILL	18,837	570	34.7	17.8	2.08	149	19,968	16,791	583	299	87	39	8	23	61	81	...	11	1	1	1	1	...	11	1	10	...	3	1	...	11	19	...	13	21	2	...	12	2	17	7	2	...	152	299	
MERIDEN	48,618	149	21.2	15.6	0.61	111	10,892	11,380	242	178	27	7	5	7	57	75	...	2	...	4	6	1	1	...	2	1	8	2	12	12	13	2	...	3	...	23	2	1	...	83	178
MONKS KIRBY	9,917	122	22.05	13.60	0.52	23	1,704	1,904	42	26	1	2	2	...	2	19	2	2	...	3	2	2	1	...	4	8	26				
NUNEATON	12,233	89	18.00	16.3	0.55	161	1,675	1,713	31	28	No Information.																				28	28													
RUGBY	58,949	166	26.2	17.1	1.50	168	13,775	15,330	493	263	66	22	3	6	62	104	...	5	1	2	1	2	...	11	12	1	1	14	2	11	29	21	1	...	3	...	6	1	24	9	2	...	104	263	
SOLIHULL	40,500	231	20.4	12.6	0.68	103	12,681	14,660	299	186	31	8	3	2	66	76	...	1	...	4	1	21	4	1	12	2	9	12	16	...	2	6	...	23	4	2	...	66	186	
SOUTHAM	50,409	135	24.7	14.9	0.65	83	10,250	10,680	264	160	22	11	6	1	42	78	1	11	6	6	3	7	20	8	1	...	4	...	26	6	1	...	60	160	
STRATFORD-ON-AVON	58,000	124	19.4	14.7	0.17	68	11,484	11,297	220	167	15	5	6	6	51	84	...	1	...	1	13	12	1	13	8	11	1	1	19	3	1	...	81	167		
TAMWORTH	21,700	327	37.2	18.2	1.62	129	10,122	11,198	417	204	55	34	12	11	43	49	...	8	1	...	4	1	...	8	5	13	2	2	...	8	6	19	25	6	1	10	2	2	...	73	204		
WARWICK	52,625	138	19.8	14.4	1.40	105	12,188	11,420	227	165	24	14	6	5	44	72	...	1	1	10	1	...	9	3	5	3	6	24	9	3	...	2	...	14	10	3	...	61	165		
TOTALS...	494,895	186	26.37	16.15	1.21	127	141,803	144,060	2,328	485	213	70	82	601	849	49	6	29	13	5	...	2	104	52	47	6	9	7	117	53	97	184	180	6	17	20	1	58	9	214	58	16	...	943	2,328	

D. TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS coming to the knowledge of the Medical Officers of Health during the year 1900, in the URBAN SANITARY DISTRICTS of the COUNTY OF WARWICK, classified according to DISEASES, AGES, AND LOCALITIES.

DISTRICTS.	POPULATION AT ALL AGES.		Registered Births.	CASES NOTIFIED AT SUBJOINED AGES.						NEW CASES OF SICKNESS IN EACH LOCALITY COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITALS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Census, 1891.	Estimated to middle of 1900.		At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Buteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
ASTON MANOR ...	68,639	80,497	2,516	738	16	151	292	134	137	8	82	4	87	406	...	145	...	2	12	247

No Isolation Hospital except for Smallpox Cases.

E. TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS coming to the knowledge of the Medical Officers of Health during the year 1900, in the RURAL SANITARY DISTRICTS of the COUNTY OF WARWICK, classified according to DISEASES, AGES, AND LOCALITIES.

DISTRICTS.	POPULATION AT ALL AGES.		Registered Births.	CASES NOTIFIED AT SUBJOINED AGES.							NEW CASES OF SICKNESS IN EACH LOCALITY COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.							NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITALS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	Census, 1891.	Estimated to middle of 1900.		At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Pneumeral Fever.	Plague.	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Pneumeral Fever.	Plague.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
ALCESTER ...	11,483	11,600	261	88	1	15	43	15	12	2	...	47	...	9	29	...	2	...	1	2	29

F. TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS coming to the knowledge of the Medical Officers of Health during the year 1900, in the COUNTY OF WARWICK, classified according to DISEASES, AGES, AND LOCALITIES.

DISTRICTS.	POPULATION AT ALL AGES.		Registered Births.	CASES NOTIFIED AT SUBJOINED AGES.							NEW CASES OF SICKNESS IN EACH LOCALITY COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITALS.															
	Census, 1891.	Estimated to middle of 1900.		At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.	Smallpox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.	Smallpox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.		
URBAN SANITARY } DISTRICTS	166,187	206,284	5,661	1,347	21	245	518	229	305	29	...	...	169	8	207	658	...	280	...	3	22	...	...	...	12	...	1	394	...	16	...	...	...	...	...	...
RURAL SANITARY } DISTRICTS	141,803	144,060	3,800	700	10	114	307	105	152	12	...	...	96	6	104	339	...	142	...	7	6	...	...	...	14	...	...	155	...	51	...	...	1	...	...	...
TOTALS...	307,990	350,344	9,461	2,047	31	359	825	334	457	41	...	...	265	14	311	997	...	422	...	10	28	...	...	...	26	...	1	549	...	67	...	...	1	...	...	...

I. RETURN, shewing the number of Births Registered, together with the number of such cases successfully Vaccinated or otherwise disposed of in the Districts of the COUNTY OF WARWICK during the year ending 31st December, 1900.

VACCINATION DISTRICTS.	No. of Births Registered during the year ending 31st Dec., 1900.	No. of these cases successfully Vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	No. of Conscientious Certificates.	Cases under Postpone-ment.	Removals to other Districts out of the Union.	No. of cases not to be found.	Number of cases remaining Unvaccinated at date of this Return.
URBAN DISTRICTS.									
Aston Manor ...	2,505	1,770	19	336	7	55	29	148	141
Bulkington ...	...	...	...	...	...	...	...	...	...
Erdington ...	459	331	2	26	3	7	9	14	67
Kenilworth ...	...	...	...	...	...	...	...	...	...
Nuneaton and Chilvers Coton }	...	...	...	...	...	...	...	...	...
Royal Leamington Spa	...	...	...	...	...	...	...	...	...
Rugby ...	...	...	...	...	...	...	...	...	...
*Stratford-on-Avon ...	448	276	1	37	21	12	2	5	94
Sutton Coldfield ...	322	199	3	20	1	8	2	3	86
Warwick ...	...	...	...	...	...	...	...	...	...
RURAL DISTRICTS.									
†Alcester ...	288	238	...	20	24	2	...	2	2
Atherstone ...	...	...	...	...	...	...	...	...	...
Brailes ...	154	76	1	13	17	3	...	...	44
Castle Bromwich ...	66	46	...	7	1	1	...	...	11
Coventry ...	...	...	...	...	...	...	...	...	...
Farnborough ...	...	...	...	...	...	...	...	...	...
Foleshill ...	...	...	...	...	...	...	...	...	...
Meriden ...	...	...	...	...	...	...	...	...	...
Monks Kirby ...	...	...	...	...	...	...	...	...	...
Nuneaton ...	...	...	...	...	...	...	...	...	...
Rugby ...	...	...	...	...	...	...	...	...	...
Solihull ...	...	...	...	...	...	...	...	...	...
Southam ...	...	...	...	...	...	...	...	...	...
Stratford-on-Avon ...	...	...	...	...	...	...	...	...	...
Tamworth ...	415	261	...	48	1	15	...	11	79
Warwick ...	...	...	...	...	...	...	...	...	...
Totals ...	4,657	3,197	26	507	75	103	42	183	524

NOTES.—*The Return for Stratford-on-Avon embraces both the Urban and Rural Districts, and is from 1st January to 31st Dec., 1900.

†The Return for Alcester is from 30th June, 1899, to 30th June, 1900.

The Return for Aston is from 1st July, 1899, to 30th June, 1900.

JUNE, 1901.

Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH.